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Fill in this information to identify your case:			
United States Bankruptcy Court for the:			
Northern District of: Illinois (State)			
Case number (if known)	Chapter you are filing under:		
	Chapter 7		
	Chapter 11		
	Chapter 12		Check if this is
	Chapter 13		amended filing

#### Official Form 101

#### Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself		
	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
Your full name  Write the name that is on	Hedilberto First name	First name
your government-issued picture identification (for example, your driver's license or passport	Middle name Saenz	Middle name
Bring your picture identification to your meeting with the trustee.	Last name  Jr  Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2. All other names you have used in the last	First name	First name
8 years Include your married or	Middle name	Middle name
maiden names.	Last name	Last name
	First name	First name
	Middle name	Middle name
	Last name	Last name
3. Only the last 4 digits of your Social	XXX - XX5915	xxx - xx-
Security number or federal Individual Taxpayer Identification number	or 9 xx - xx-	OR 9 xx - xx-
(ITIN)		

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D	ebtor 1 Hedilberto First Name	Saenz  Middle Name Last Name	Case number (if known)
	Thor wante	Wilder Harre East Harre	
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer	I have not used any business names or EINs.	I have not used any business names or EINs.
	Identification Numbers (EIN) you have used in the last	Business name	Business name
	8 years	Business name	Business name
	Include trade names and doing business as names	EIN	EIN
		EIN	EIN
5.	Where you live		If Debtor 2 lives at a different address:
		5120 W. 30th PI Number Street	Number Street
		Cicero Illinois 60804	
		City State Zip Code Cook	City State Zip Code
		County	County
		•	
		If your mailing address is different from the one above, fill it in here. Note that the court will send any	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to
		notices to you at this mailing address.	this mailing address.
		Number Street	Number Street
		City State Zip Code	City State Zip Code
_	M/hyrran aua		
о.	Why you are choosing this district	Check one:	Check one:
	to file for bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		I have another reason. Explain. (See 28 U.S.C. §§ 1408.)	I have another reason. Explain. (See 28 U.S.C. §§ 1408.)

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Saenz Debtor 1 Hedilberto Case number (if known) First Name Middle Name Last Name Part 2: Tell the Court About Your Bankruptcy Case 7. The chapter of the Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy Code you Bankruptcy (Form B2010)). Also, go to the top of page 1 and check the appropriate box. are choosing to file Chapter 7 under Chapter 11 Chapter 12 Chapter 13 8. How you will pay the will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for fee more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay Your Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. 9. Have you filed for ✓ No. bankruptcy within the last 8 years? Yes. District MM / DD / YYYY When District Case number District Case number MM / DD / YYYY 10. Are any bankruptcy ✓ No. cases pending or being filed by a Relationship to you Yes. Debtor spouse who is not When District Case number, if known filing this case with you, or by a business Relationship to you Debtor partner, or by an District Case number, if known affiliate? MM / DD / YYYY 11. Do you rent your No. Go to line 12. residence? Yes. Has your landlord obtained an eviction judgment against you? ✓ No. Go to line 12. Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this bankruptcy petition.

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Debtor 1 Hedilberto Saenz Case number (if known) First Name Middle Name Last Name Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole No. Go to Part 4. proprietor of any fullor part-time Yes. Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set Chapter 11 of the appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance Bankruptcy Code and sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). are vou a small business debtor? I am not filing under Chapter 11. For a definition of small business debtor, No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the see 11 U.S.C. § Bankruptcy Code. 101(51D). Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have ✓ No. any property that Yes. What is the hazard? poses or is alleged to pose a threat of imminent and If immediate attention is needed, why is it needed? identifiable hazard to public health or safety? Or do you Where is the property? own any property Street Number that needs immediate attention? For example, do you own perishable goods, City State Zip Code or livestock that must be fed, or a building that needs urgent repairs?

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Debtor 1 Hedilberto Saenz Case number (if known)

First Name Middle Name Last Name Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: 15. Tell the court whether you have ✓ I received a briefing from an approved credit I received a briefing from an approved credit received briefing counseling agency within the 180 days before I counseling agency within the 180 days before I about credit filed this bankruptcy petition, and I received a filed this bankruptcy petition, and I received a counseling. certificate of completion. certificate of completion. The law requires that Attach a copy of the certificate and the payment plan, Attach a copy of the certificate and the payment plan, if any, that you developed with the agency. if any, that you developed with the agency. you receive a briefing about credit I received a briefing from an approved credit I received a briefing from an approved credit counseling before you counseling agency within the 180 days before I counseling agency within the 180 days before I file for bankruptcy. filed this bankruptcy petition, but I do not have a filed this bankruptcy petition, but I do not have a certificate of completion. certificate of completion. You must truthfully check one of the Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, following choices. If you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment you cannot do so, you plan, if any. plan, if any. are not eligible to file. I certify that I asked for credit counseling services ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to from an approved agency, but was unable to If you file anyway, the obtain those services during the 7 days after I obtain those services during the 7 days after I court can dismiss your made my request, and exigent circumstances made my request, and exigent circumstances case, you will lose merit a 30-day temporary waiver of the merit a 30-day temporary waiver of the whatever filing fee you requirement. requirement. paid, and your creditors can begin To ask for a 30-day temporary waiver of the To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what requirement, attach a separate sheet explaining what collection activities efforts you made to obtain the briefing, why you were efforts you made to obtain the briefing, why you were again. unable to obtain it before you filed for bankruptcy, and unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this what exigent circumstances required you to file this Your case may be dismissed if the court is dissatisfied Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before with your reasons for not receiving a briefing before you filed for bankruptcy. you filed for bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted only Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: I have a mental illness or a mental I have a mental illness or a mental Incapacity. Incapacity. deficiency that makes me deficiency that makes me incapable of realizing or making incapable of realizing or making rational decisions about finances. rational decisions about finances. My physical disability causes me to Disability. My physical disability causes me to Disability. be unable to participate in a be unable to participate in a briefing in person, by phone, or briefing in person, by phone, or through the internet, even after I through the internet, even after I reasonably tried to do so. reasonably tried to do so. Active duty. I am currently on active military Active duty. I am currently on active military duty in a military combat zone. duty in a military combat zone. If you believe you are not required to receive a briefing If you believe you are not required to receive a briefing about credit counseling, you must file a motion for about credit counseling, you must file a motion for

waiver of credit counseling with the court.

waiver of credit counseling with the court.

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Debtor 1 Hedilberto Saenz Case number (if known) First Name Middle Name Last Name Part 6: **Answer These Questions for Reporting Purposes** 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as 16. What kind of debts do "incurred by an individual primarily for a personal, family, or household purpose." you have? No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. 17. Are you filing under No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Do you estimate that Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative after any exempt expenses are paid that funds will be available to distribute to unsecured creditors? property is excluded ✓ No. and administrative expenses are paid that Yes. funds will be available for distribution to unsecured creditors? **1**-49 1,000-5,000 25,001-50,000 18. How many creditors 50-99 5,001-10,000 50,001-100,000 do vou estimate that you owe? 100-199 10,001-25,000 More than 100,000 200-999 \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 19. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your assets to be worth? \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 20. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion liabilities to be? \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion Part 7: Sign Below I have examined this petition, and I declare under penalty of perjury that the information provided is true and For you correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. X X /s/ Hedilberto Saenz Signature of Debtor 1 Signature of Debtor 2 Executed on \_\_6/25/2018 Executed on MM / DD / YYYY MM / DD / YYYY

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Debtor 1 Hedilberto		Saenz	Case number (	if known)
First Name	Middle Name	Last Name		
For your attorney, if you are represented by one If you are not	eligibility to proceed und relief available under each	der Chapter 7, 11, 12 ch chapter for which	e, or 13 of title 11, Unite the person is eligible. I	have informed the debtor(s) about ed States Code, and have explained the also certify that I have delivered to the which § 707(b)(4)(D) applies, certify that I
represented by an attorney, you do not	•	an inquiry that the i	nformation in the sche	dules filed with the petition is incorrect.
need to file this page.	/s/ Yisroel Y Moskov Signature of Attorney for		Date i	6/25/2018 MM / DD / YYYY
	Yisroel Y Moskovits			
	Printed name			
	Semrad Law Firm			
	Firm name			
	10 N. Martingale Road			
	Street			
	Suite 400			
	Schaumburg		Illinois	60173
	City		State	Zip Code
	Contact phone	3122543191	Email address	imoskovits@semradlaw.com
			Illinoi	is
	Bar number		State	

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Fill in this information to identify your case:						
Debtor 1	Hedilberto		Saenz			
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States E	Bankruptcy Court for the:	Northern	District of Illinois			
			(State)			
Case number (If known)						

Check if this is an
amended filing

#### Official Form 106Sum

#### Summary of Your Assets and Liabilities and Certain Statistical Information 12/

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

	<b>Your assets</b> Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)	\$0.00
1a. Copy line 55, Total real estate, from Schedule A/B	<del></del>
1b. Copy line 62, Total personal property, from Schedule A/B	\$20,910.00
1c. Copy line 63, Total of all property on Schedule A/B	\$20,910.00
Part 2: Summarize Your Liabilities	
	Your liabilities Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$27,213.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$0.00
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$39,853.65
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$67.066.6F
Your total liabilities	\$67,066.65 ——————————————————————————————————
Part 3: Summarize Your Income and Expenses	
4. Schedule I: Your Income (Official Form 106I)	\$2,017.25
Copy your combined monthly income from line 12 of Schedule I	
5. Schedule J: Your Expenses (Official Form 106J)	\$2,016.99
Copy your monthly expenses from line 22, Column A, of Schedule J	\$∠,010.99

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Deb	tor 1 Hedilberto First Name	Middle Name	Saenz Last Name	Case number (if known)					
Part	Part 4: Answer These Questions for Administrative and Statistical Records								
6. <b>A</b>	6. Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.								
Ē	✓ Yes.								
7. <b>V</b>	7. What kind of debt do you have?								
[				ed by an individual primarily for a personal, ical purposes. 28 U.S.C. § 159.					
[	Your debts are not print this form to the court wit		u have nothing to report or	on this part of the form. Check this box and s	ubmit				
	8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official \$2,893.11 Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.								
9.	Copy the following specia	al categories of claims from	m Part 4, line 6 of Sched	dule E/F:					
	From Part 4 on Schedule	E/F, copy the following:		Total claim					
	9a. Domestic support oblig	ations (Copy line 6a.)		\$0.00					
	9b. Taxes and certain other	debts you owe the government	nent. (Copy line 6b.)	\$0.00					
	9c. Claims for death or pers	sonal injury while you were ir	ntoxicated. (Copy line 6c.)	\$0.00					
	9d. Student loans. (Copy lin	ne 6f.)		\$21,052.00					
	9e. Obligations arising out priority claims. (Copy line 6	of a separation agreement or g.)	divorce that you did not r	report as \$0.00					
	9f. Debts to pension or pro	fit-sharing plans, and other s	similar debts. (Copy line 6h	\$0.00					

\$21,052.00

9g. **Total.** Add lines 9a through 9f.

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Fill in this	informati	on to identify your ca	ase:					
Debtor 1	He	edilberto			Saenz			
Debtor 2	Firs	st Name	Middle N	ame	Last Name			
(Spouse, if fi	iling) Firs	st Name	Middle N	ame	Last Name			
United Sta	ates Bankr	ruptcy Court for the:	Northern		District of Illinois			
Case num	nber				(State)			
Officia	al Forr	m 106A/B				_		Check if this is an amended filing
Sche	dule /	A/B: Prope	rty					12/1
category v responsibl write your	where you le for sup r name an	u think it fits best. E plying correct inform nd case number (if k	se as complete au mation. If more sp nown). Answer ev	nd acc pace is very qu	asset only once. If an asset fits in meaurate as possible. If two married pe s needed, attach a separate sheet t uestion. Other Real Estate You Own or	ople ar o this fo	e filing together, both a orm. On the top of any a	re equally
1. Do you			uitable interest i	n any	residence, building, land, or similar	proper	ty?	
	No. Go t							
1.1		ere is the property?  dress, if available, or o	other description		t is the property? Check all that apply Single-family home Duplex or multi-unit building		the amount of any secu	claims or exemptions. Put red claims on <i>Schedule D:</i> ims <i>Secured by Property.</i>
					Condominium or cooperative Manufactured or mobile home		Current value of the entire property?	Current value of the portion you own?
	Number	Street State	Zip Code		and nvestment property imeshare Other		Describe the nature of interest (such as fee sthe entireties, or a life	simple, tenancy by
				one.	has an interest in the property? Chebetor 1 only Debtor 2 only Debtor 1 and Debtor 2 only at least one of the debtors and another	eck	Check if this is co (see instructions)	mmunity property
					r information you wish to add about	t this ite	em, such as local	
If you	own or h	ave more than one, lis	et hara:	prop	erty identification number:			
1.2		dress, if available, or d			t is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home		the amount of any secu	claims or exemptions. Put tred claims on Schedule D: hims Secured by Property.  Current value of the portion you own?
	Number	Street State	Zip Code		and nvestment property imeshare Other		Describe the nature of interest (such as fee sthe entireties, or a life	simple, tenancy by
			,	one.	has an interest in the property? Chebetor 1 only Debtor 2 only Debtor 1 and Debtor 2 only at least one of the debtors and another or information you wish to add about		(see instructions)	mmunity property

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	Hedilberto First Name	Middle Name	Saenz Last Name	Case numbe	r (if known)	
1.3 Stre	et address, if available, or otl		What is the property? Check all that  Single-family home  Duplex or multi-unit building  Condominium or cooperative  Manufactured or mobile home	apply.	the amount of any secu	claims or exemptions. Put red claims on <i>Schedule D:</i> ims Secured by Property.  Current value of the portion you own?
Nun	nber Street State	Zip Code	Land Investment property Timeshare Other	<u> </u>	Describe the nature or interest (such as fee s the entireties, or a life	imple, tenancy by
			Who has an interest in the property Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and an Other information you wish to add property identification number:	other	Check if this is co (see instructions)  such as local	mmunity property
	the dollar value of the porve attached for Part 1. Wr	ite that number h	<b>.</b>	uding any entrie	s for pages	
Do you ow		equitable interes	t in any vehicles, whether they are also report it on Schedule G: Executo	-	-	
3. Cars, va		ility vehicles, motor	rcycles			
3.1	Make Model:	2016 Chevy Impala	Who has an interest in the proone.  Debtor 1 only	perty? Check	the amount of any secu	claims or exemptions. Put ured claims on <i>Schedule D:</i> aims Secured by Property.
	Year: Approximate mileage: Other information:		Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors ar Check if this is community		Current value of the entire property? \$18000.00	Current value of the portion you own? \$18000.00
3.2	Make Model: Year: Approximate mileage:		Who has an interest in the proone.  Debtor 1 only Debtor 2 only	perty? Check	the amount of any secu Creditors Who Have Cla	claims or exemptions. Put ured claims on Schedule D: aims Secured by Property.
	Other information:		Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors ar Check if this is community instructions)		Current value of the entire property?	Current value of the portion you own?

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ebtor 1	Hedilberto		Saenz	Case number	er (if known)	
	First Name	Middle Name	Last Name			
3.3	Make Model: Year:		Who has an interest in the pone.  Debtor 1 only	property? Check	the amount of any secu	claims or exemptions. Pured claims on Schedule Laims Secured by Property.
	Approximate mileage:		Debtor 2 only		Current value of the	Current value of the
	Other information:		Debtor 1 and Debtor 2 on	ılv	entire property?	portion you own?
			At least one of the debtors	-		
			Check if this is commun			
			instructions)	inty property (see		
3.4	Make		Who has an interest in the	property? Check		claims or exemptions. Pu
	Model: Year:		one.		•	red claims on <i>Schedule</i> aims Secured by Property
	Approximate mileage:		Debtor 1 only			
	Approximate mileage.		Debtor 2 only		Current value of the	Current value of the
	Other information:		Debtor 1 and Debtor 2 on	ıly	entire property?	portion you own?
			At least one of the debtors	s and another		
			Check if this is commur instructions)	nity property (see		
4.1	Yes Make Model:		Who has an interest in the pone.	property? Check		claims or exemptions. F
	Year:		Debtor 1 only		•	aims Secured by Property
	Approximate mileage:		Debtor 2 only		Current value of the	Current value of the
	Other information:		Debtor 1 and Debtor 2 on	ıly	entire property?	portion you own?
			At least one of the debtors	s and another	-	
			Check if this is commur instructions)	nity property (see		
4.2	Make		Who has an interest in the	property? Check		claims or exemptions. F
	Model:		one.		-	red claims on Schedule
	Year:		Debtor 1 only		Creditors with mave Cia	nims Secured by Propert
	Approximate mileage:		Debtor 2 only		Current value of the	Current value of the
	Other information:		Debtor 1 and Debtor 2 on	ıly	entire property?	portion you own?
			At least one of the debtors	s and another		
			Check if this is commur instructions)	nity property (see		
5. Add	I the dollar value of the po	rtion you own for all	of your entries from Part 2, in	ncluding any entri	es for pages	2000.00
			'e			8000.00

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Debtor 1 Hedilberto Saenz Case number (if known) First Name Middle Name Last Name Part 3: **Describe Your Personal and Household Items** Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Yes. Describe... 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music Yes. Describe... cellphone \$10.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No Yes. Describe... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No Yes. Describe... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe... Clothing \$500.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe... 13. Non-farm animals Examples: Dogs, cats, birds, horses Nο Yes. Describe... 14. Any other personal and household items you did not already list, including any health aids you did not list No **✓** Yes. Describe... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$510.00 for Part 3. Write that number here ......

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Debtor 1 Hedilberto Saenz Case number (if known) First Name Middle Name Last Name Part 4: **Describe Your Financial Assets** Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition **✓** No Yes ..... Cash: ..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. Institution name: \$400.00 17.1. Checking account: Chase 17.2. Checking account: 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ◪ No Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture **✓** No Name of entity % of ownership: Yes. Give specific information about them

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Debt	tor 1 Hedilberto		Saenz	Case number (if known)				
	First Name	Middle Name	Last Name	<del></del>				
20.	20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. No							
	Yes. Give specific information about them	Issuer name:						
21.			, thrift savings accounts	s, or other pension or profit-sharing plans				
	✓ No	Type of account:	Institution name:					
	Yes. List each account separately.	401(k) or similar plan:						
		Pension plan:						
		IRA:						
		Retirement account:						
		Keogh:						
		Additional account:						
		Additional account:						
22.		prepayments I deposits you have made so that with landlords, prepaid rent, public						
	Yes	Electric:	-					
		Gas:						
		Heating oil:						
		Security deposit on rental unit:						
		Prepaid rent:						
		Telephone:						
		Water:						
		Rented furniture:						
		Other:						
23.	Annuities (A contract fo	or a periodic payment of money to	you, either for life or for	r a number of years)				
	V No Yes	Issuer name and description:						

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Debte	or 1 Hedilberto	Middle News	Saenz	Case number (if known)	
0.4	First Name	Middle Name	Last Name	d	
24.		b)(1), 529A(b), and 529(b)(1).	qualified ABLE program, or und	der a qualified state tuition program.	
	Ves	itution name and description. Sepa	rately file the records of any intere	ests.11 U.S.C. § 521(c):	
	_				
25.		or future interests in property (o	ther than anything listed in lin	e 1), and rights or powers	
	exercisable for yo	our benefit			
	Yes. Describe.				
26.		nts, trademarks, trade secrets, a domain names, websites, proceed		eements	
	✓ No  Yes. Describe.				
	<u> </u>				
27.		ses, and other general intangible germits, exclusive licenses, coope		r licenses, professional licenses	
	<b>✓</b> No				
	Yes. Describe.				
Mon	ey or property o	owed to you?			Current value of the portion you own?  Do not deduct secured claims or exemptions.
	ney or property o				portion you own? Do not deduct secured
					portion you own? Do not deduct secured
	Tax refunds owed  No Yes. Give spec	to you  ific information		Federal:	portion you own? Do not deduct secured
	Tax refunds owed  No Yes. Give spec about the you already	to you  ific information  em, including whether  dy filed the returns		Federal: State:	portion you own? Do not deduct secured claims or exemptions.
28.	Tax refunds owed  No Yes. Give spec about the you alread and the tax	to you  ific information em, including whether			portion you own? Do not deduct secured claims or exemptions.
28.	Tax refunds owed  No Yes. Give spec about the you alrear and the ta  Family support  Examples: Past due	ific information em, including whether dy filed the returns ax years	oport, child support, maintenance	State:	portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00
28.	Tax refunds owed  No Yes. Give spectors about the you alread and the to the second state of the second sta	ific information em, including whether dy filed the returns ax years	oport, child support, maintenance	State: Local:	portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00
28.	Tax refunds owed  No Yes. Give spectors about the you alread and the to the second state of the second sta	to you  ific information em, including whether dy filed the returns ax years	oport, child support, maintenance	State:  Local:  e, divorce settlement, property settlemen	portion you own?  Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00
28.	Tax refunds owed  No Yes. Give spectors about the you alread and the to the second state of the second sta	to you  ific information em, including whether dy filed the returns ax years	oport, child support, maintenance	State: Local: e, divorce settlement, property settlemen Alimony:	portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00  t
28.	Tax refunds owed  No Yes. Give spectors about the you alread and the to the second state of the second sta	to you  ific information em, including whether dy filed the returns ax years	oport, child support, maintenance	State: Local: e, divorce settlement, property settlemen Alimony: Maintenance:	portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00 t \$0.00
28.	Tax refunds owed  No Yes. Give spec about the you alread and the ta  Family support Examples: Past due  No Yes. Give spec	ific information em, including whether dy filed the returns ax years	oport, child support, maintenance	State: Local: e, divorce settlement, property settlemen Alimony: Maintenance: Support:	portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00
28.	Tax refunds owed  No Yes. Give spectors about the you alread and the tax  Family support Examples: Past due  No Yes. Give spectors Give specto	ific information em, including whether dy filed the returns ax years	s, disability benefits, sick pay, va	State: Local: e, divorce settlement, property settlemen Alimony: Maintenance: Support: Divorce settlement:	portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00
28.	Tax refunds owed  ✓ No  Yes. Give spec about the you alread and the tax  Family support  Examples: Past due  ✓ No  Yes. Give spec  Other amounts so Examples: Unpaid of Social Se	ific information em, including whether dy filed the returns ax years e or lump sum alimony, spousal sup ific information	s, disability benefits, sick pay, va	State: Local:  e, divorce settlement, property settlemen  Alimony: Maintenance: Support: Divorce settlement: Property settlement:	portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00
28.	Tax refunds owed  No Yes. Give spectors about the you alread and the tax  Family support Examples: Past due  No Yes. Give spectors Give specto	ific information Im, including whether Idy filed the returns In or lump sum alimony, spousal superior information  In order owes you Impose owes you Imp	s, disability benefits, sick pay, va	State: Local:  e, divorce settlement, property settlemen  Alimony: Maintenance: Support: Divorce settlement: Property settlement:	portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00

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Deb	tor 1 Hedilberto		Saenz	Case number (if known)	
	First Name	Middle Name	Last Name		
31.	Interests in insurance Examples: Health, disab		alth savings account (HSA); credit, h	nomeowner's, or renter's insurance	
	Yes. Name the insure of each policy and		Company name:	Beneficiary:	Surrender or refund value:
32.		y of a living trust, expect	someone who has died proceeds from a life insurance polic	ey, or are currently entitled to receive	
33.			you have filed a lawsuit or made urance claims, or rights to sue	a demand for payment	
34.	Other contingent and to set off claims  No Yes. Describe	unliquidated claims of	every nature, including counter	claims of the debtor and rights	
35.	Any financial assets y  No Yes. Describe	ou did not already list			
36.		-	n Part 4, including any entries fo		\$400.00
Part	5: Describe Any B	usiness-Related Pro	perty You Own or Have an I	nterest In. List any real estate in Par	t1.
37.	No. Go to Part 6.  Yes. Go to line 38.	ny legal or equitable in	terest in any business-related pr	, , , , , , , , , , , , , , , , , , ,	Current value of the portion you own? On not deduct secured claims or exemptions
38.	Accounts receivable of No Yes. Describe	or commissions you alre	eady earned		
39.	Office equipment, furn Examples: Business-relative No Yes. Describe		s, modems, printers, copiers, fax ma	achines, rugs, telephones, desks, chairs, elec	tronic devices
		<u> </u>			

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Deb	tor 1 Hedilberto		Saenz	Case number (if known)	
	First Name	Middle Name	Last Name		
40.	Machinery, fixtures,	equipment, supplies you	ı use in business, and tools of yo	ur trade	
	☐ No				
	Yes. Describe	Automotive Toolbox with	n tools		
	\$2000.00				
41.	Inventory				
	<b>✓</b> No				
	Yes. Describe				
42.	Interests in partners	hips or joint ventures			
	<b>✓</b> No		Name of entity:	% of ownership:	
	Yes. Give specific information about		Number of chitty.	% of ownership.	
	them		-		
10	O	- lista - au athau a sucuita			
43.		g lists, or other compila	tions		
	✓ No  Yes Do your lists	include personally identifia	able information (as defined in 11 L	ISC 8 101(41A))?	
	Too. Do your noto	modulo porocitally identific	and information (as doined in 11 c	20.0.3 101(1174).	
	No Ves Des	cribe			
	163. 263	01100			
44.	Any business-related	d property you did not al	ready list		
	<b>✓</b> No				
	Yes. Give specific information				<u> </u>
	imormation				<del>_</del>
					<del></del>
					<del></del>
					<u> </u>
			Part 5, including any entries for		Ф0000
<u> </u>					\$2000.00
Part		arm- and Commerci		You Own or Have an Interest In.	
46.	Do you own or have	any legal or equitable in	terest in any farm- or commerc	ial fishing-related property?	
	No. Go to Part 7.				Current value of the
	Yes. Go to line 47				portion you own?  Do not deduct secured claims or exemptions
47.	Farm animals				or oxomptions.
		poultry, farm-raised fish			
	No Yes. Describe				
	L res. Describe				

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Debt	tor 1 Hedilberto	Saenz	Case number (if known)	
	First Name Middle Name	Last Name		
48.	Crops-either growing or harvested			
	✓ No			
	Yes. Describe			
49.	Farm and fishing equipment, implements, machinery, fi	vtures and tools of trade		
43.	_	Atures, and tools of trade		
	✓ No			
	Yes. Describe			
50.	Farm and fishing supplies, chemicals, and feed			
	No No			
	Yes. Describe			
	Too. Becombe			
			<u>'</u>	
51.	Any farm- and commercial fishing-related property you	did not already list		
	<b>✓</b> No			
	Yes. Describe			
			Г	-
	dd the dollar value of all of your entries from Part 6, incl		-	
for Pa ▶	art 6. Write that number here			
Part 1	7: Describe All Property You Own or Have an In	iterest in That You Did I	Not List Above	
53.	Do you have other property of any kind you did not alrea			
00.	Examples: Season tickets, country club membership	ady not.		
	✓ No			
	Yes. Give specific			
	information			
54 A	dd the dollar value of all of your entries from Part 7. Writ	e that number here	<b>.</b>	•
	au the denai value of an or your entities from t are it this	that hambor horo minim		
	_			
Part 8	List the Totals of Each Part of this Form			
55 <b>F</b>	Part 1: Total real estate, line 2		•	
00. 1	art it rotal roal ostato, fino 2			
56. <b>p</b>	part 2 total vehicles, line 5	\$18000.00		
57 <b>D</b>	art 3: Total personal and household items, line 15	\$18000.00	_	
		\$510.00	_	
58. <b>P</b>	art 4: Total financial assets, line 36	\$400.00	_	
59. <b>F</b>	Part 5: Total business-related property, line 45	\$2000.00		
60. <b>F</b>	Part 6: Total farm- and fishing-related property, line 52	•	_	
			_	
	Part 7: Total other property not listed, line 54			
62. <b>1</b>	Total personal property. Add lines 56 through 61	\$20910.00	_	+ \$20910.00
			Copy personal property total ▶	
				\$20910.00
63. <b>T</b>	otal of all property on Schedule A/B. Add line 55 + line 62			

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Fill	n this inforr	mation to identify your c	ase:		
Deb	otor 1	Hedilberto		Saenz	
		First Name	Middle Name	Last Name	
	otor 2 use, if filing)	First Name	Middle Name	Last Name	
Uni	ted States B	ankruptcy Court for the:	Northern [	District of Illinois	
Cas	e number			(State)	
	own)				_
$\bigcirc$ f	ficial	Form 106C			Check if this is ar amended filing
				_	
_			erty You Claim a	<b>.</b>	04/16
info as e add <b>For</b>	rmation. Uxempt. If ritional page	Using the property you nore space is needed yes, write your name and of property you cla	u listed on Schedule A/B: , fill out and attach to this and case number (if known im as exempt, you must	Property (Official Form 106A page as many copies of Parn).  specify the amount of the experiments of the exp	are equally responsible for supplying correct A/B) as your source, list the property that you claim at 2: Additional Page as necessary. On the top of any exemption you claim. One way of doing so is to
the tax- und you	amount o exempt re er a law t r exempti	f any applicable stat etirement funds—ma hat limits the exemp	utory limit. Some exemp ay be unlimited in dollar a tion to a particular dollar to the applicable statutor	itions—such as those for he amount. However, if you cla r amount and the value of tl	arket value of the property being exempted up to ealth aids, rights to receive certain benefits, and aim an exemption of 100% of fair market value he property is determined to exceed that amount,
1.	You a	are claiming state and feare claiming federal exe	ederal nonbankruptcy exemplements. 11 U.S.C. § 522(b)(	ven if your spouse is filing with you ptions. 11 U.S.C. § 522(b)(3) (2) exempt, fill in the information b	
		ription of the property hedule A/B that lists th		Amount of the exemption you	·
			Copy the value from Schedule A/B		
	Brief description		\$18,000.00		735 ILCS 5/12-1001(c); 735 ILCS 5/12-1001(b)
	•	Chevy Impala		\$0	
	Line from Schedule	<i>√B:</i> 03		100% of fair market valu applicable statutory limit	
	Brief	<u> </u>			735 ILCS 5/12-1001(d)
	description	ı: notive Toolbox with	\$2,000.00	<b>✓</b> \$0	
	tools	motive rootbox with		100% of fair market valu	
	Line from Schedule	4∕B: 40		applicable statutory limit	
3.	-	_	xemption of more than \$160, and every 3 years after that for	,375?	

No Yes

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

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Debtor 1 Hedilberto Saenz Case number (if known) First Name Middle Name Last Name **Additional Page** Part 2: Brief description of the property and **Current value of** Amount of the exemption you claim Specific laws that allow exemption line on Schedule A/B that lists this the portion you Check only one box for each exemption. property own Copy the value from Schedule A/B Brief 735 ILCS 5/12-1001(b) \$400.00 description:  $\checkmark$ \$400.00 Checking account, 100% of fair market value, up to any Chase applicable statutory limit Line from Schedule A/B: 17 735 ILCS 5/12-1001(b) Brief \$10.00 description: **✓** \$10.00 cellphone 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 07 735 ILCS 5/12-1001(a) \$500.00 description:  $\overline{}$ \$500.00 Clothing 100% of fair market value, up to any Line from applicable statutory limit

Schedule A/B:

11

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Detail the definition of the count with your other schedules. You have nothing else to report on this form.    Column A   Column B	Fill in	this information to identif	fy your cas	se:				
First Name   Middle Name   Last Name   Debtor 2   Speake Street First Name   Middle Name   Last Name   Debtor 2   Speake Street First Name   Middle Name   Last Name   Debtor 2   Speake Street Street   Name   Middle Name   Last Name   Debtor 2   Speake Street   Name   Debtor 2   Street   Debtor 3   Street   Debtor 2   Street   Debtor 2   Street   Debtor 2   Street   Debtor 3   Street   Debtor 4   Street   Debtor 3   Street   Debtor 4   Street   Debtor 3   Street   Debtor 4   Street   Debtor 4   Street   Debtor 5   Street   Deb	Dobto	or 1 Hadilbarta			Saanz			
United States Burkruptcy Court for this:   Northern	Debio			Middle Name				
United States Bankruptcy Court for the: Northern   District of Illinois   Case number   Official Form 106D   Check if this is a sameded first provided   Schedule D: Creditors Who Have Claims Secured by Property   12/11 Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct Information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).  1. Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  2. List all secured claims. If a creditor has more than one secured claim, list the cereditor separately for each claim. If more than one creditor has a particular claim, list the effect of the cereditor in Part 7. As much as possible, list the claims in adjusted order excellant.  2. CAPITAL ONE AUTO FINAN Contains the claims in adjusted order excellent in particular claim. It more than one creditor has a particular claim, list the cellant in adjusted to delate the claim is a charactery of the cellant in adjusted to the claim in adjusted to the cellant in adjusted								
Case number	(Spous	e, it filing) First Name		Middle Name	Last Name			
Official Form 106D  Schedule D: Creditors Who Have Claims Secured by Property  12/1  Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, il if out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).  1 Do any creditors have claims secured by your property?  No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  Part 1: List All Secured Claims  2. List all secured claims. If a creditor has a particular claim, list the creditor separately for each claim. If now then one rector has a particular claim, list the creditor separately for each claim. If now then one rector has a particular claim, list the creditor separately for each claim. If now then one rector has a particular claim, list the creditor separately for each claim. If now then one rector has a particular claim, list the creditor's name.  2. List all secured claims. If a creditor has a particular claim, list the creditor's name.  2. List all secured separately for each claim. If now then one eventure has a particular claim, list the creditor's name.  2. List all secured claims. If a creditor has a particular claim, list the creditor's name.  2. List all secured claims. If a creditor has a particular claim, list the creditor's name.  2. List all secured claims. If a creditor has a particular claim, list the creditor's name.  3. List all secured claims. If a creditor has a particular claim, list the creditor's name.  2. List all secured claims. If a creditor has a particular claim, list the creditor's name.  3. List all secured claims. If a creditor has a particular claim. If a c	United	d States Bankruptcy Court	t for the:	Northern				
Schedule D: Creditors Who Have Claims Secured by Property  E as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).    No. Check this box and submit this form to the court with your other schedules, You have nothing else to report on this form.   Yes. Fill in all of the information below.   Yes. Fill in all of the informa					(Glato)			
Bo as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).  1. Do any creditors have claims secured by your property?    No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.    Yes. Fill in all of the information below.    Part 1	Offi	icial Form 10	06D			•		
more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).  1. Do any creditors have claims secured by your property?  No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  2. List all secured Claims. If a creditor has more than one secured claim, list the oreditor separately for each claim. If more than one oreditor has a particular claim, list the oreditor in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.  2. List all secured Claims. If a creditor has a particular claim, list the order oreditor's name.  2. List all secured Claims. If a creditor has a particular claim, list the order oreditor's name.  2. List all secured Claims. If a creditor has a particular claim, list the order oreditor's name.  2. List All Secured Claims. If a creditor has a particular claim, list the order oreditor's name.  2. List All Secured Claims. If a creditor has a particular claim, list the order oreditor's name.  2. List All Secured Claims. If a creditor has a particular claim, list the order oreditor's name.  2. List All Secured Claims.  2. List All Secured Claims. If a creditor has a particular claim, list the order oreditor's name.  2. List All Secured Claims.  3. List All Secur	Scl	hedule D: Ci	redito	ors Who Ha	ve Claims Secure	ed by Prop	erty	12/1
1. Do any creditors have claims secured by your property?	more s	space is needed, copy th	he Additio	• •		•		
No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.    Yes. Fill in all of the information below.		•	•	cured by your proper	hv?			
Ves. Fill in all of the information below.   Part 11   List All Secured Claims   fla creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.   Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name   Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name   Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name   Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name   Part 2. As much as possible, list the claims is alphabetical order according to the creditor's name   Part 2. As much as possible, list the claims is alphabetical order according to the creditor's name   Part 2. As much as possible, list the claims is alphabetical order according to the creditor's name   Part 2. As much as possible, list the claims is alphabetical order according to the creditor's name   Part 2. As much as possible, list the claims is check all that apply.	. г	-				e nothing else to rep	ort on this form.	
List All Secured Claims   List All Secured Claims   List All Secured Claims   If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2, As much as possible, list the claims in alphabetical order according to the creditors anne.   Amount of claim   Do not deduct the value of collateral, that supports this claim   Creditors Name   Secure 1	L [	<b>_</b>			var your outer contouries. Four hav	0 1.00 m/g 0.00 to 1.0p	ore on allo form.	
2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2, As much as possible, list the claims in alphabetical order according to the creditor's Danot deduct the value of collateral that supports list claim of claims.  2. CAPITAL ONE AUTO FINAN Creditor's Name 3901 DALLAS PRWY Number Street  PLANO TX 75093 City or Street    Debtor 1 only   Debtor 2 only   Debtor 1 and Debtor 2 only   At least one of the debtors and another		<u> </u>						
E.1 CAPITAL ONE AUTO FINAN Creditor's Name  3901 DALLAS PKWY Number Street  PLANO TX 75093 City Debtor 1 only Debtor 2 only At least one of the debtors and another Creditor's Name 4403 Allen Rd Number  Street  4403 Allen Rd Number Street  City State ZIP Code Who owes the debt? Check one. Vinable Allen Rd Number  Street  Automotive Toolbox with tools   Value: \$18,000.00  As of the date you file, the claim is: Check all that apply. Unliquidated Disputed  Nature of lien. Check all that apply. At least one of the debtors and another Creditor's Name  4403 Allen Rd Number  Street  Stow OH 44224 City State ZIP Code Who owes the debt? Check one. Vinable Debtor 1 and Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Statutory lien (such as tax lien, mechanic's lien) As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated City State ZIP Code Who owes the debtors and another Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was Incurred  Date Check if this claim relates to a community debt Date debt was Incurred  Last 4 digits of account number		List all secured claims. separately for each claim. in Part 2. As much as po	. If more the	an one creditor has a par	ticular claim, list the other creditors	Amount of claim Do not deduct the	Value of collateral that supports	Unsecured portion
Creditor's Name   Street   Street   Street   Street   Street   Street   Contingent   Contingen	2.1	CAPITAL ONE AUTO FIN	NAN	Describe the property	that secures the claim:	\$20,913.00		\$2,913.00
Number   Street   As of the date you file, the claim is: Check all that apply.   Contingent								
Debtor 1 only			eet					
City State ZIP Code Who owes the debt? Check one.    Debtor 1 only				Contingent				
Disputed				Unliquidated				
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred  Debtor 1 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred  Describe the property that secures the claim: Automotive Toolbox with tools   Value: \$2,000.00 As of the date you flie, the claim is: Check all that apply.  Debtor 1 only Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred  Number  Stow OH 44224 City State ZIP Code Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Check if this claim relates to a community debt Date debt was incurred  Number  Last 4 digits of account number 1001  Last 4 digits of account number \$\frac{1}{1001}\$  Last 4 digits of account number \$\frac{1}{1001}\$  Statutory lien (such as tax lien, mechanic's lien)  Judgment lien from a lawsuit Other (including a right to offset)  Last 4 digits of account number		,		Disputed				
Debtor 1 and Debtor 2 only At least one of the debtors and another Date debt was incurred    Check if this claim relates to a community debt Date debt was a 4/2018   Last 4 digits of account number				Nature of lien. Check a	ıll that apply.			
Debtor 1 and Debtor 2 only   At least one of the debtors and another   Judgment lien from a lawsuit   Other (including a right to offset)   Last 4 digits of account number   1001		Debtor 2 only			made (such as mortgage or secured			
At least one of the debtors and another		Debtor 1 and Debtor	r 2 only		as tay lian machanic's lian)			
Check if this claim relates to a community debt Date debt was incurred    Other (including a right to offset)   Last 4 digits of account number   1001			ebtors		•			
to a community debt Date debt was incurred  Last 4 digits of account number 1001  Last 4 digits of account n			relates	<b>=</b> *				
Matco Tools   Creditor's Name   4403 Allen Rd   Automotive Toolbox with tools   Value: \$2,000.00   \$4,300.00   \$		Date debt was 4			,			
Creditor's Name  4403 Allen Rd  Number Street  Stow OH 44224 City State ZIP Code Who owes the debt? Check one.  Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim relates to a community debt Date debt was incurred  Automotive Toolbox with tools   Value: \$2,000.00  As of the date you file, the claim is: Check all that apply.  Unliquidated Disputed  Nature of lien. Check all that apply.  An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset)  Last 4 digits of account number  Last 4 digits of account number	2 2					\$6,300,00	\$2,000,00	\$4,300,00
Number Street  As of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated  Disputed  Nature of lien. Check all that apply.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  Date debt was incurred  As of the date you file, the claim is: Check all that apply.  Unliquidated  Disputed  Nature of lien. Check all that apply.  An agreement you made (such as mortgage or secured car loan)  Statutory lien (such as tax lien, mechanic's lien)  Judgment lien from a lawsuit  Other (including a right to offset)  Last 4 digits of account number	2.2	Creditor's Name				Ψ0,000.00	Ψ2,000.00	φ4,000.00
Stow OH 44224 City State ZIP Code Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred  Unliquidated Disputed Nature of lien. Check all that apply.  An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Last 4 digits of account number  Last 4 digits of account number			eet		. ,			
City State ZIP Code Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred  Disputed  Nature of lien. Check all that apply.  An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Last 4 digits of account number  Last 4 digits of account number				Contingent				
Who owes the debt? Check one.  Disputed  Nature of lien. Check all that apply.  Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred  Disputed  Nature of lien. Check all that apply.  An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Last 4 digits of account number  Last 4 digits of account number		Stow OH	44224	Unliquidated				
✓ Debtor 1 only       Nature of lien. Check all that apply.         ☐ Debtor 2 only       ✓ An agreement you made (such as mortgage or secured car loan)         ☐ Debtor 1 and Debtor 2 only       ✓ At least one of the debtors and another         ☐ Check if this claim relates to a community debt Date debt was incurred       ☐ Other (including a right to offset)     Last 4 digits of account number		,		Disputed				
Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt Date debt was incurred  Car loan)  Statutory lien (such as tax lien, mechanic's lien)  Judgment lien from a lawsuit  Other (including a right to offset)  Last 4 digits of account number			ncok onc.	Nature of lien. Check a	all that apply.			
Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt Date debt was incurred  Statutory lien (such as tax lien, mechanic's lien)  Under (including a right to offset)  Last 4 digits of account number  Last 4 digits of account number		Debtor 2 only			made (such as mortgage or secured			
At least one of the debtors and another    Check if this claim relates to a community debt   Date debt was incurred   Last 4 digits of account number		Debtor 1 and Debtor	r 2 only	_ ′	as tax lien, mechanic's lien)			
Check if this claim relates to a community debt Date debt was incurred  Last 4 digits of account number			ebtors		,			
To a community debt  Date debt was incurred  Last 4 digits of account number		Check if this claim		<b>=</b>				
		Date debt was	ebt		- · · · · · · · · · · · · · · · · · · ·			
			value of yo	our entries in Column A	on this page. Write that number	\$27,213.00		

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Fill i	n this infori	nation to identify your c	ase:					
Deb	tor 1	Hedilberto		Saenz				
		First Name	Middle Name	Last Name				
	tor 2 use, if filing)	First Name	Middle Name	Last Name				
(Opor	use, ii iiii ig)	riist ivaille	Middle Name	Last Name				
Unit	ed States B	ankruptcy Court for the:	Northern	_ District of Illinois (State)				
Case (If kno	e number own)							
Off	icial F	orm 106E/F				Che	eck if this is an	n amended filing
Sc	hedu	le E/F: Cre	ditors Who	Have Unsec	cured Claims			12/15
Form clain the e know	106A/B) ans that are entries in the contries i	and on Schedule G: Exe listed in Schedule D: C he boxes on the left. At	cutory Contracts and Une reditors Who Hold Claims	expired Leases (Official F s Secured by Property. If	Also list executory contracts orm 106G). Do not include a more space is needed, copy op of any additional pages, v	ny creditor the Part yo	s with partia ou need, fill i	ally secured t out, number
1.	-	editors have priority un Go to Part 2.	secured claims against y	ou?				
2.	listed, ider As much a Continuati	ntify what type of claim it as possible, list the claims on Page of Part 1. If mor	is. If a claim has both priorit	y and nonpriority amounts ding to the creditor's name particular claim, list the oth		both priority	and nonprio	rity amounts.
						Total claim	Priority amount	Nonpriority amount

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Debt	or 1	Hedilberto First Name Middle Name	Saenz Last Name	Case number (if known)	
Part	g.	List All of Your NONPRIORITY Unseci			
3.		any creditors have nonpriority unsecured cla No. You have nothing to report in this part. S Yes.	ims against you?	e court with your other schedules.	
l I	unse If m	ecured claim, list the creditor separately for each	claim. For each claim	er of the creditor who holds each claim. If a creditor has more listed, identify what type of claim it is. Do not list claims already in Part 3.If you have more than four priority unsecured claims fill ou	cluded in Part 1.
					Total claim
4.1	_	STPROGRESS/1STEQUITY/ onpriority Creditor's Name		Last 4 digits of account number 0330	\$156.00
		O BOX 84010		When was the debt incurred? 4/2018	
	Νι	umber Street		As of the date you file, the claim is: Check all that apply.	
	<u> </u>	OLLIMBLIS Goorgia	31908	Contingent	
	_	<u> </u>	Zip Code	Unliquidated	
	W	/ho incurred the debt? Check one.		Disputed	
	Ľ	Debtor 1 only		Type of NONPRIORITY unsecured claim:	
	L	Debtor 2 only		Student loans	
		Debtor 1 and Debtor 2 only		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	L	At least one of the debtors and another  Check if this claim relates to a communit	v dobt	Debts to pension or profit-sharing plans, and other similar	
	L	the claim subject to offset?	y debt	debts  Other. Specify  CreditCard	
	V	No			
	Ē	Yes			
4.2	 ΔF	FFILIATED			\$30.00
4.2	No	onpriority Creditor's Name		Last 4 digits of account number 2648	φ30.00
	_	O. BOX 419331 umber Street		When was the debt incurred? 12/2014	
		umbar Guest		As of the date you file, the claim is: Check all that apply.	
	K	ANSAS CITY Missouri	64141	Contingent	
	_		Zip Code	Unliquidated	
	W	/ho incurred the debt? Check one. Debtor 1 only		Disputed	
	Ľ	Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	L	Debtor 1 and Debtor 2 only		Student loans	
	L	At least one of the debtors and another		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	F	=		Debts to pension or profit-sharing plans, and other similar	
	L	Check if this claim relates to a communit the claim subject to offset?	y debt	debts  Other. Specify  1 InstallmentLoan	
	IS	<b>-</b>		Other. Specify InstallmentLoan	
		Yes			
4.2	 ΔΕ	FFILIATED			\$28.00
4.3	No	onpriority Creditor's Name		Last 4 digits of account number 1885	φ26.00
		O. BOX 419331 umber Street		When was the debt incurred? 8/2012	
				As of the date you file, the claim is: Check all that apply.	
	K	ANSAS CITY Missouri	64141	Contingent	
	_		Zip Code	Unliquidated	
	W	/ho incurred the debt? Check one. Debtor 1 only		Disputed	
		<u>-</u>		Type of NONPRIORITY unsecured claim:	
	L	Debtor 2 only		Student loans	
	L	Debtor 1 and Debtor 2 only		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	L	At least one of the debtors and another		Debts to pension or profit-sharing plans, and other similar	
	Ļ	Check if this claim relates to a communit	y debt	debts  Other Specify 24 Installment Lean	
	IS	the claim subject to offset?  No		Other. Specify 24 InstallmentLoan	
		Yes			

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Debtor 1 Hedilberto Saenz Case number (if known) Last Name

Part 2	Your NONPRIORITY Unsecured Claims - Continuation	on Page	
	After listing any entries on this page, number them beginning v	with 4.5, followed by 4.6, and so forth.	Total claim
4.4	AMERICAN HONDA FINANCE Nonpriority Creditor's Name 10801 WALKER ST STE 140 Number Street	Last 4 digits of account number 2927 When was the debt incurred? 12/2013  As of the date you file, the claim is: Check all that apply.	\$0.00
	CYPRESS California 90630 City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim relates to a community debt Is the claim subject to offset?  No Yes	Contingent  Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify 060 Automobile	
4.5	CHRYSLERCAP Nonpriority Creditor's Name PO BOX 961275 Number Street  FORT WORTH Texas 76161 City State Zip Code Who incurred the debt? Check one.  ✓ Debtor 1 only  Debtor 2 only  Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt Is the claim subject to offset?  ✓ No  Yes	Last 4 digits of account number	\$0.00
4.6	DEPT OF EDUCATION/NELN Nonpriority Creditor's Name  121 S 13TH ST Number Street  LINCOLN Nebraska 68508 City State Zip Code Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offset?  No  Yes	Last 4 digits of account number 3815 When was the debt incurred? 4/2016  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  ✓ Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify	\$6,528.00

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Debtor 1 Hedilberto Saenz Case number (if known) Last Name

Part :	Your NONPRIORITY Unsecured Claims - Continuation	Page	
	After listing any entries on this page, number them beginning with	th 4.5, followed by 4.6, and so forth.	Total claim
4.7	DEPT OF EDUCATION/NELN Nonpriority Creditor's Name 121 S 13TH ST Number Street	Last 4 digits of account number 1515 When was the debt incurred? 11/2016  As of the date you file, the claim is: Check all that apply.	\$6,305.00
	LINCOLN Nebraska 68508 City State Zip Code Who incurred the debt? Check one.  ✓ Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt Is the claim subject to offset?  ✓ No  Yes	Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  ✓ Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify	
4.8	DEPT OF EDUCATION/NELN  Nonpriority Creditor's Name  121 S 13TH ST  Number Street  LINCOLN Nebraska 68508  City State Zip Code  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offset?  Yes	Last 4 digits of account number 1415 When was the debt incurred? 11/2016  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  ✓ Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify	\$4,530.00
4.9	DEPT OF EDUCATION/NELN  Nonpriority Creditor's Name  121 S 13TH ST  Number Street  LINCOLN Nebraska 68508  City State Zip Code  Who incurred the debt? Check one.  ✓ Debtor 1 only  Debtor 2 only  Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offset?  ✓ No  Yes	When was the debt incurred? 4/2016  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  ✓ Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify	\$3,527.00

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Debtor 1 Hedilberto Saenz \_ Case number (if known) First Name Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 

4.10	DEPT OF EDUCATION/NELN	Last 4 digits of account number 6015	\$162.00
	Nonpriority Creditor's Name 121 S 13TH ST	When was the debt incurred? 9/2017	
	Number Street		
		As of the date you file, the claim is: Check all that apply.	
	LINCOLN Nebraska 68508	Contingent	
	City State Zip Co	de	
	Who incurred the debt? Check one.  Debtor 1 only	Disputed	
	<u> </u>	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	✓ Student loans	
	Debtor 1 and Debtor 2 only  At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	Check if this claim relates to a community deb	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other. Specify	
	✓ No		
	Yes		
	<u> </u>		
4.11	ENHANCED RECOVERY CO L Nonpriority Creditor's Name	Last 4 digits of account number1552	\$2,167.00
	8014 BAYBERRY RD	When was the debt incurred? 11/2016	
	Number Street	As of the date you file, the claim is: Check all that apply.	
		Contingent	
	JACKSONVILLE Florida 32256	Inliquidated	
	City State Zip Co	de Disputed	
	Who incurred the debt? Check one.  Debtor 1 only		
	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	<u>'</u>	Student loans	
	Debtor 1 and Debtor 2 only  At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	Check if this claim relates to a community deb	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	001 Collection; Collecting for	
	✓ No	Other. Specify ORIGINAL CREDITOR: TMOBILE	
	Yes		
4.12	Geico		\$4,500.00
4.12	Nonpriority Creditor's Name	Last 4 digits of account number	ψ4,300.00
	One GEICO Plaza Bethesda	When was the debt incurred?n/a	
	Number Street	As of the date you file, the claim is: Check all that apply.	
		Contingent	
	Pothoodo Mondond 20010	Unliquidated	
	Bethesda Maryland 20810 City State Zip Co		
	Who incurred the debt? Check one.  Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only	Student loans	
	Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar	
	Check if this claim relates to a community deb	debts t ✓ Other. Specify Other	
	Is the claim subject to offset?	_	
	✓ No		

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Debtor 1 Hedilberto Saenz Case number (if known) First Name Middle Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.13 HEALTHCARE ASSOC CR UN \$106.00 Last 4 digits of account number 0700 Nonpriority Creditor's Name 1151 E WARRENVILLE RD When was the debt incurred? 10/2013 Number Street As of the date you file, the claim is: Check all that apply. Contingent **NAPERVILLE** 60563 Illinois Unliquidated State Zip Code City Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify 012 InstallmentLoan Is the claim subject to offset? **✓** No Yes 4.14 Illinois Tollway \$60.00 Last 4 digits of account number Nonpriority Creditor's Name 2700 Ogden Ave When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Legal Dept Contingent Unliquidated Illinois 60515 Downers Grove Citv State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify Other Is the claim subject to offset? **✓** No Yes SIERRA AUTO FINANCE LL \$0.00 Last 4 digits of account number 0001 Nonpriority Creditor's Name When was the debt incurred? 5005 LBJ FWY STE 700 Number Street As of the date you file, the claim is: Check all that apply. Contingent 75244 **DALLAS** Texas Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only

**✓** No Yes

At least one of the debtors and another

Is the claim subject to offset?

Check if this claim relates to a community debt

debts Other. Specify \_

Obligations arising out of a separation agreement or

036 Automobile

divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar

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Debtor 1 Hedilberto Saenz Case number (if known)

First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

	Tour North Highlit Chaecarea Claims - Continuation i	<del>-3-</del>	
	After listing any entries on this page, number them beginning with	h 4.5, followed by 4.6, and so forth.	Total claim
4.16	STANISCCONTR	Last 4 digits of account number 36N1	\$178.00
	Nonpriority Creditor's Name 914 14TH ST POB 480	When was the debt incurred? 6/2016	
	Number Street	As of the date year file, the plains in Check all that apply	
		As of the date you file, the claim is: Check all that apply.  Contingent	
	MODESTO California 95353	<b>\</b>	
	City State Zip Code	Unliquidated	
	Who incurred the debt? Check one.  Debtor 1 only	Disputed	
	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	<u> </u>	Student loans	
	Debtor 1 and Debtor 2 only  At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	브	Debts to pension or profit-sharing plans, and other similar	
	Check if this claim relates to a community debt	debts  Collection; Collecting for	
	Is the claim subject to offset?	Other. Specify ORIGINAL CREDITOR: MEDICAL	
I=1	Yes TROVICABITAL LLC		<b></b>
4.17	TROY CAPITAL LLC Nonpriority Creditor's Name	Last 4 digits of account number	\$11,576.65
	2660 S. Rainbow Blvd. Suite D-104	When was the debt incurred?n/a	
	Number Street	As of the date you file, the claim is: Check all that apply.	
		Contingent	
	Las Vegas Nevada 89146	Unliquidated	
	City State Zip Code	Disputed	
	Who incurred the debt? Check one.  Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	<u> </u>	Student loans	
	Debtor 2 only	Obligations arising out of a separation agreement or	
	Debtor 1 and Debtor 2 only	divorce that you did not report as priority claims	
	At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
	Check if this claim relates to a community debt	Other. Specify Other	
	Is the claim subject to offset?	_	
	✓ No		
	Yes		
4.18	TURNER ACCEPTANCE CRP	Last 4 digits of account number 4526	\$0.00
	Nonpriority Creditor's Name 5900 W HOWARD ST	When was the debt incurred? 3/2013	
	Number Street		
		As of the date you file, the claim is: Check all that apply.  Contingent	
	SKOKIE Illinois 60077	Unliquidated	
	City State Zip Code	불	
	Who incurred the debt? Check one.  Debtor 1 only	Disputed	
	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only	Student loans	
	<u> </u>	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar	
	Check if this claim relates to a community debt	debts	
	Is the claim subject to offset?	Other. Specify 032 Automobile	
	✓ No		
	Yes		

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Debtor 1 Hedilberto Saenz Case number (if known) First Name Middle Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.19 \$0.00 Last 4 digits of account number 1224 Nonpriority Creditor's Name PO BOX 777 When was the debt incurred? 4/2016 Number Street As of the date you file, the claim is: Check all that apply. Contingent WINOOSKI Vermont 05404 Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ✓ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify Is the claim subject to offset? **✓** No

Yes

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	Hedilberto			Saenz	Case number (if known)
	First Name		Middle Name	Last Name	
art 3:	List Others to Be	Notified A	About a Debt That	You Already Listed	
coll coll cred	lection agency is try lection agency here ditors here. If you d rkoff Law LLC	ying to colle e. Similarly, i	ct from you for a de f you have more tha	bt you owe to someone else, lind one creditor for any of the dobe notified for any debts in P	t that you already listed in Parts 1 or 2. For example, if a list the original creditor in Parts 1 or 2, then list the ebts that you listed in Parts 1 or 2, list the additional arts 1 or 2, do not fill out or submit this page.  If or Part 2 did you list the original creditor?
				On while one y in rune	or rait 2 did you list the original creditor:
	N Wacker Dr #550 mber Street			Line 4.17 of (Ci	heck Part 1: Creditors with Priority Unsecured Claims

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Debtor 1 Hedilberto Saenz Case number (if known)

FIRST INA	me Middle Name Last Name		
Part 4: Add tl	he Amounts for Each Type of Unsecured Claim		
	amounts of certain types of unsecured claims. This information is nounts for each type of unsecured claim.	s for s	statistical reporting purposes only. 28 U.S.C. §159.
			Total claims
Total claims from Part 1	6a. Domestic support obligations.	6a.	\$0.00
nom rait i	6b. Taxes and certain other debts you owe the government	6b.	\$0.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$0.00
	6e. Total. Add lines 6a through 6d.	6e.	\$0.00
			Total claims
Total claims from Part 2	6f. Student loans	6f.	\$21,052.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00
	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$18,801.65
	6j. Total. Add lines 6f through 6i.	6j.	\$39,853.65

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Debtor 1			Coops	
	Hedilberto		Saenz	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		Northern	District of Illinois	
		-	(State)	

#### Official Form 106G

#### Check if this is an amended filing

#### **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or comp	pany with whom you have t	he contract or lease	State what the contract or lease is for
2.1	Public Storage Name 701 Western Ave	9		Storage Lease, Debtor is Lessee, Storage Lease (mother makes payments)
	Number	Street		
	Glendale	California	91201	
	City	State	Zip Code	

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		DC	cument rage	54 01 70
Fill in this infor	mation to identify your	case:		
Debtor 1	Hedilberto		Saenz	
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	<del></del>
United States E	Bankruptcy Court for the	e: Northern	District of Illinois	
	, ,		(State)	
Case number (If known)				
				Check if this is an
Ott: -; -1	Causa 1001	1		amended filing
Omciai	Form 106H	<u> </u>		
Schedul	e H: Your Co	debtors		12/15
Codebtors are	naanla or antitias wh	o are also liable for any de	hte you may have Ro as o	omplete and accurate as possible. If two married people are
•	er every question.  nve any codebtors? (If	you are filing a joint case, do	not list either spouse as a c	odebtor.)
Yes				
	•	ou lived in a community pro lexico, Puerto Rico, Texas, W		Community property states and territories include Arizona, California,
	Go to line 3.	, , ,	, , , , , , , , , , , , , , , , , , ,	
Yes.	Did your spouse, form	mer spouse, or legal equiva	lent live with you at the tim	e?
	No			
	Yes. In which commu	nity state or territory did you	u live?	_ Fill in the name and current address of that person.
	Name of your spouse	e, former spouse, or legal equ	ivalent	_
	Number Street			_
	City	State	Zip Code	_
again as a	a codebtor only if that	t person is a guarantor or o	osigner. Make sure you h	Your spouse is filing with you. List the person shown in line 2 are listed the creditor on Schedule D (Official Form 106D), all lule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Column 1: Your codebtor

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				3		
Fill in this information	to identify	your case:				
Debtor 1 Hedilber			Saenz			
First Nan	ne	Middle Name	Last N	ame	Che	ck if this is:
Debtor 2 (Spouse, if filing) First Nan	ne	Middle Name	Last N	ame	- I □	An amended filing
						A supplement showing post-petition chapte
United States Bankrupto the:	cy Court for	Northern	District of Illi			expenses as of the following date:
Case number			(3	tate)		
(If known)					_	MM / DD / YYYY
Official Form	1061					
Schedule I: Y	our In	come				1
information about you	r spouse. If is needed, swer every	you are separated and attach a separate shew question.	d your spous	se is not filing	with you, do	r spouse is living with you, include not include information about your ional pages, write your name and cas
Fill in your employm	ent		Debtor 1			Debtor 2
information.		Employment status	- Cmple	vod		- Frankright
If you have more than	-	Employment status	✓ Emplo	-		Employed
attach a separate page information about add			☐ Not Er	nployed		Not Employed
employers.		Occupation	Auto Tech			
Include part time, sea	sonal, or	Employer's name	Glendale N	lissan		
self-employed work.		Employer's address 484 North		North Ave		
Occupation may inclu or homemaker, if it ap			Number Str			Number Street
				Illinois	60139	_
			Heights			City State Zip Code
		How long employed there?	City	State	Zip Code	
Port 9. Cive Detail	a Abaut M					
		onthly Income	<b>1.</b> If you have	nothing to repo	ort for any line, v	vrite \$0 in the space. Include your non-filing
spouse unless you are s	-	more than one employer,	combine the	information for	all employers fo	r that person on the lines below. If you nee
more space, attach a s					Debtor 1	For Debtor 2 or
				FUL	Deptoi i	
		ry, and commissions (before calculate what the monthly v		2.	\$2,662.40	non-filing spouse
deductions.) If not p	oaid monthly,	calculate what the monthly v				non-filing spouse

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Debtor 1Hedilberto		Saenz	Case numbe	er <i>(if</i>		
First Name	Middle Name	Last Name	known) For Debtor 1	For Debtor 2 or		
			For Deptor 1	non-filing spouse		
Copy line 4 here		<b>→</b> 4.	\$2,662.40			
5. List all payroll deductions:						
5a. Tax, Medicare, and Social S	Security deductions	5a.	\$532.48			
5b. Mandatory contributions fo	r retirement plans	5b.	\$0.00			
5c. Voluntary contributions for	retirement plans	5c.	\$0.00			
5d. Required repayments of ret	tirement fund loans	5d.	\$0.00			
5e. <b>Insurance</b>		5e.	\$112.67			
5f. Domestic support obligation	ns	5f.	\$0.00			
5g. <b>Union dues</b>		5g.	\$0.00			
5h. Other deductions. Specify:		_ 5h. +	\$0.00	·		
6. <b>Add the payroll deductions.</b> Add +5h.	d lines 5a + 5b + 5c + 5d + 5e +5	f + 5g 6.	\$645.15			
7. Calculate total monthly take-he	ome pay. Subtract line 6 from line	94. 7.	\$2,017.25			
8. List all other income regularly i	received:					
8a. Net income from rental pro business, profession, or far						
	ecessary business expenses, and	8a.	\$0.00			
8b. Interest and dividends		8b.	\$0.00			
8c. Family support payments the dependent regularly received		а				
Include alimony, spousal sup divorce settlement, and prope	port, child support, maintenance, erty settlement.	8c.	\$0.00			
8d. Unemployment compensat	ion	8d.	\$0.00			
8e. Social Security		8e.	\$0.00			
	he value (if known) of any non- ve, such as food stamps (benefits	8f.	\$0.00			
8a. Pension or retirement inco	me	8g.	\$0.00			
8h. Other monthly income. Spe		8h. +	\$0.00			
9. Add all other income Add lines 8		Ė	\$0.00		٦	
3. Add all other moonie had into	our obroor our ocrorrog	- U. J. L.	\$0.00		<u></u>	
10. Calculate monthly income. Add Add the entries in line 10 for Debt		10. couse	\$2,017.25	+	. =	\$2,017.25
<ol> <li>State all other regular contrib         Include contributions from an unifriends or relatives.         Do not include any amounts alrea     </li> </ol>	married partner, members of your	household, your d	ependents, your roomi			
Specify:			· · · · · · · · · · · · · · · · · · ·		11. +	\$0.00
					ſ	
12. Add the amount in the last columns Write that amount on the Summa					12.	\$2,017.25
						Combined monthly income
13. Do you expect an increase or	decrease within the year after	you file this form?				
✓ No.						
Yes. Explain:						

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		D0	cument Page 37 of 7	0	
Fill in this infor	mation to identify you	ur case:			
Debtor 1	Hedilberto		Saenz		
	First Name	Middle Name	Last Name	Check if this is:	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	An amended filing	
United States B	Sankruptcy Court for the	ne: Northern	District of Illinois (State)	A supplement show expenses as of the	ring post-petition chapter 13 following date:
Case number			(eraile)	MM / DD / \\	<u> </u>
				MM / DD / YYYY	
Official	Form 106	J			
Schedul	e J: Your Ex	- (penses			12/15
information. If (if known). Ans		ed, attach another sheet to t	e are filing together, both are equanties form. On the top of any addition		=
1. Is this a join					
✓ No. Go	to line 2				
		a separate household?			
	¬ No				
_ L	_	et file Official Forms 106 L-2 Ev	penses for Separate Household of De	htor 2	
2 Do you boy	_		ourses for separate flouseriola of be.	DIOT 2.	
Do not list D	_	No Yes. Fill out this information for		B d II.	S
Debtor 2.	lebtor r and	each dependent	Dependent's relationship to Debtor 1 or Debtor 2		Does dependent live with you?
	enses include f people other	No			
than yourself and	d vour	Yes			
dependents	_	1			
Part 2: Estir	nate Your Ongoir	ng Monthly Expenses			
	of a date after the ba		ss you are using this form as a supp supplemental Schedule J, check th		
		on-cash government assistanced it on Schedule I: Your Inco			Your expenses
			. Include first mortgage payments and	d	\$300.00
	or the ground or lot. 4	-	3-3-1-7		4.
	uded in line 4:				
4a. Real es	state taxes				4a <b>\$0.00</b>

\$0.00

\$0.00

\$0.00

4b.

4c.

4d.

4b. Property, homeowner's, or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

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Debtor 1 Hedilberto Saenz Case number (if known) Last Name

6. Utilities:   6a. Electricity, heat, natural gas   6a.   90.   6b.   80.	First Name	Middle Name Last Name		
Section   Sect				Your expenses
6a. Electricity, heat, natural gas 6b. Water, sewer, gatbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. Other. Specify: 6cd S100. 6d. Other. Specify: 6cd S0. 7. Food and housekeeping supplies 7. S150. 8c. Childrage and children's education costs 8c. Oslideare and children's education costs 9c. Clothing, laundry, and dry cleaning 9c. S25. 11. Medical and derital expenses 11. S25. 11. Medical and derital expenses 11. S25. 11. Andical and derital expenses 11. S25. 12. Transportation, include gas, maintenance, bus or train fare. 12. S103. 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. Entertainment, clubs, recreation, newspapers, magazines, and books 15. Insurance. 15. Lead thin insurance deducted from your pay or included in lines 4 or 20. 15. Lead thin insurance 15. S0. 15. Vehicle insurance 15. S0. 15. Taxes, Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. S0. 17. Installment or lease payments: 17. Car payments for Vehicle 1 17. Car payments for Vehicle 2 17. Cother. Specify: 18. Your payments or Vehicle 2 17. Cother. Specify: 19. S400. 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Montgages on other property 20b. Real estate taxes. 20b. S0. 20c. Property, Inomeowner's, or renter's insurance 20c. Specify: 20c. Real estate taxes. 20b. S0. 20c. Property, Inomeowner's, or renter's insurance 20c. Specify: 20c. Real estate taxes. 20c. Specify: 20c. Real estate ta	5. Additional mortgage paymen	nts for your residence, such as home equity loans	5.	\$0.00
6b. Water, sewer, garbage collection         6b.         \$0.           6c. Telephone, call phone, Internet, satellite, and cable services         6c.         \$100.           6d. Other. Specity:         7.         \$150.           7. Food and housekceping supplies         7.         \$150.           8. Childcare and children's education costs         8.         \$0.           9. Citothing, laundry, and dry cleaning         9.         \$25.           10. Personal care products and services         10.         \$25.           11. Medical and dental expenses         11.         \$25.           12. Transportation. Include gas, maintenance, bus or train fare.         12.         \$103.           10. not include an average and lack ear payments.         12.         \$103.           13. Entertainment, clubs, recreation, newspapers, magazines, and books         13.         \$0.           14. Charitable contributions and religious donations         14.         \$0.           15. Insurance.         15.         \$0.           15. Insurance         15.         \$0.           15c. Vehicle insurance deducted from your pay or included in lines 4 or 20.         \$0.           15c. Vehicle insurance. Specify:         15c         \$15.           15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.	6. Utilities:			
6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: 6d. Other. Specify: 7. Food and housekeeping supplies 8. \$0. 7. \$150. 8. \$100. 9. Clothing, laundry, and dry cleaning 9. \$25. 10. Personal care products and services 10. \$25. 11. Medical and dental expenses 11. \$25. 11. Medical and dental expenses 12. \$103. 12. Transportation. Include gas, maintenance, bus or train fare. 12. Ton ton tinculde care payments 13. Entertainment, clubs, recreation, newspapers, magazines, and books 14. Charitable contributions and religious donations 15. Insurance. 15. Insurance. 15. Insurance 15. Insurance 15. Let insurance 15. Let insurance 15. Let insurance 15. Let insurance 15. Lettin insurance 15. Lettin insurance 15. So. 15. Vehicle insurance 15. So. 15. Veh	6a. Electricity, heat, natural ga	3	6a.	\$0.00
6d. Other, Specify:         6d         \$0.           7. Food and housekeeping supplies         7.         \$150.           8. Childcare and children's education costs         8.         \$0.           9. Clothing, laundry, and dry cleaning         9.         \$25.           10. Personal care products and services         10.         \$25.           11. Medical and dental expenses         11.         \$25.           12. Transportation. Include gas, maintenance, bus or train fare.         12.         \$103.           Do not include ear payments         13.         \$0.           14. Charitable contributions and religious donations         14.         \$0.           15. Insurance.         15a         \$0.           Do not include insurance educated from your pay or included in lines 4 or 20.         15a         \$0.           15c. Vehicle insurance.         15b         \$0.           15c. Vehicle insurance.         15c         \$105.           15c. Vehicle insurance.         15c         \$0.           15c. Vehicle insurance.         15c         \$0. <t< td=""><td>6b. Water, sewer, garbage col</td><td>ection</td><td>6b.</td><td>\$0.00</td></t<>	6b. Water, sewer, garbage col	ection	6b.	\$0.00
7. Food and housekeeping supplies       7. \$150.         8. Childcare and childcare's education costs       8. \$0.         9. Clothing, laundry, and dry cleaning       9. \$25.         10. Personal care products and services       10. \$25.         11. Medical and dental expenses       11. \$25.         12. Transportation, Include gas, maintenance, bus or train fare.       12. \$103.         Do not include car payments       13. \$0.         14. Charitable contributions and religious donations       14. \$0.         15. Insurance.       15.         Do not include insurance deducted from your pay or included in lines 4 or 20.       15a. \$0.         15b. Health insurance       15a. \$0.         15c. Vehicle insurance       15b. \$0.         15c. Uther insurance.       15c. \$105.         15c. Vehicle ins	6c. Telephone, cell phone, Int	ernet, satellite, and cable services	6c.	\$100.00
8. Childcare and children's education costs       8.       \$0.         9. Clothing, laundry, and dry cleaning       9.       \$25.0         10. Personal care products and services       10.       \$25.1         11. Medical and dental expenses       11.       \$25.1         12. Transportation. Include gas, maintenance, bus or train fare.	6d. Other. Specify:		6d	\$0.00
9. Clothing, laundry, and dry cleaning 9. \$25. 10. Personal care products and services 11. Medical and dental expenses 11. \$25. 11. Medical and dental expenses 11. \$25. 12. Transportation, Include gas, maintenance, bus or train fare. Do not include car payments 13. Entertainment, clubs, recreation, newspapers, magazines, and books 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance Do not include insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. \$\$pecify: 15d. Car payments for Vehicle 1 17b. Car payments for Vehicle 1 17c. Car payments for Vehicle 2 17c. Other. Specify: Tool payments 17d. Other. Specify: Tool payments 17d. Other. Specify: Tool payments 18. Your payments for vehicle I, Your Income (Official Form 106l). 19. Other payments you make to support others who do not live with you. \$\$pecify: voluntary support 19. \$400. 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. Beal estate taxes. 20b. \$0. 20c. Property, homeowner's, or renter's insurance 20c. \$0. 20d. Maintenance, repair, and upkeep expenses.	7. Food and housekeeping sup	plies	7.	\$150.00
10. Personal care products and services 11. Medical and dental expenses 11. \$25.  11. Medical and dental expenses 11. \$25.  12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$0.00  14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance 15b. \$0.00  15c. Vehicle insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. \$0.00  16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  \$	8. Childcare and children's edu	acation costs	8.	\$0.00
11. Medical and dental expenses 11. \$25.  12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments 13. \$10.  14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.  15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  15. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  15p. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  15p. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  15p. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  15p. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  15p. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  15p. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  15p. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  15p. Taxes. Do not include taxes deducted from your pay on line 5, Schedule 1, Your lincome (Official Form 106I).  18p. Your payments for Vehicle 2  19p. \$400.  19p. \$400.  20p. Other real property expenses not included in lines 4 or 5 of this form or on Schedule 1: Your Income.  20a. Mortgages on other property 20a. Mortgages on other property. 20b. Real estate taxes. 20b. \$0. 20c. Property, homeowner's, or renter's insurance 20c. \$0. 20d. Maintenance, repair, and upkeep expenses.	9. Clothing, laundry, and dry cl	eaning	9.	\$25.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments  13. Entertainment, clubs, recreation, newspapers, magazines, and books  14. Charitable contributions and religious donations  15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15b. Health insurance  15c. Vehicle insurance  15c. Vehicle insurance  15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Other insurance. Specify: 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify: 17a. Car payments for Vehicle 1  17a. S483.  17b. Car payments for Vehicle 1  17c. Other. Specify: Tool payments  17c. Other. Specify: Tool payments  18. Your payments of allmony, maintenance, and support that you did not report as deducted from your pay on ine 5, Schedule I, Your Income (Official Form 106).  19. Other payments you make to support others who do not live with you.  Specify: voluntary support  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a. Sould Maintenance, repair, and upkeep expenses.	10. Personal care products and	d services	10.	\$25.00
Do not include car payments  13. Entertainment, clubs, recreation, newspapers, magazines, and books  14. Charitable contributions and religious donations  15. Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15b. Health insurance  15b. Health insurance  15c. Vehicle insurance  15c. Vehicle insurance  15c. Vehicle insurance. Specify:  15d. Other insurance. Specify:  16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:  16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:  17a. Car payments for Vehicle 1  17a. Car payments for Vehicle 2  17b. So.  17c. Other. Specify:	11. Medical and dental expens	es	11.	\$25.00
14. Charitable contributions and religious donations       14. \$0.         15. Insurance.       Do not include insurance deducted from your pay or included in lines 4 or 20.         15a. Life insurance       15a \$0.         15b. Health insurance       15b \$0.         15c. Vehicle insurance       15c \$105c         15d. Other insurance. Specify:       15d \$0.         16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.       \$0.         Specify:       16         17. Installment or lease payments:       17a \$483.         17b. Car payments for Vehicle 1       17a \$483.         17b. Car payments for Vehicle 2       17b \$0.         17c. Other. Specify:       17c \$300.         17d. Other. Specify:       17d \$300.         18. Your payments of allimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).       18.         19. Other payments you make to support others who do not live with you.       \$0.         Specify:       19. \$400.         20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.       20a \$0.         20a. Mortgages on other property       20a \$0.         20b. Real estate taxes.       20b \$0.         20c. Property, homeowner's, or renter's insurance	-		12.	\$103.00
15. Insurance	13. Entertainment, clubs, recre	eation, newspapers, magazines, and books	13.	\$0.00
Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Other insurance. Specify: 16	14. Charitable contributions ar	nd religious donations	14.	\$0.00
15b. Health insurance		ucted from your pay or included in lines 4 or 20.		
15c. Vehicle insurance	15a. Life insurance		15a	\$0.00
15d. Other insurance. Specify: 15d \$0.1  16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify: 16  17. Installment or lease payments: 17a. Car payments for Vehicle 1 17a \$483.  17b. Car payments for Vehicle 2 17b \$0.1  17c. Other. Specify: 17col payments 17c \$300.  17d. Other. Specify: 17col payments 17c \$300.  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18.  19. Other payments you make to support others who do not live with you.  Specify: voluntary support 20. Mortgages on other property 20a \$0.1  20. Mortgages on other property 20b. Real estate taxes. 20b \$0.1  20c. Property, homeowner's, or renter's insurance 20c \$0.1  20d. Maintenance, repair, and upkeep expenses. 20d \$0.1	15b. Health insurance		15b	\$0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:  16  17. Installment or lease payments:  17a. Car payments for Vehicle 1  17a. Car payments for Vehicle 2  17b. Car payments for Vehicle 2  17c. Other. Specify:  17d. Other. Specify:  17d. Other. Specify:  17d. Other. Specify:  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  19. Other payments you make to support others who do not live with you.  Specify: voluntary support  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20b. Real estate taxes.  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses.	15c. Vehicle insurance		15c	\$105.00
Specify:	15d. Other insurance. Specify	<u>:</u>	15d	\$0.00
17. Installment or lease payments:  17a. Car payments for Vehicle 1  17a. Car payments for Vehicle 2  17b. Car payments for Vehicle 2  17c. Other. Specify: Tool payments  17d. S300.  17d. Other. Specify:	16. Taxes. Do not include taxes	deducted from your pay or included in lines 4 or 20.		
17. Installment or lease payments:  17a. Car payments for Vehicle 1  17b. Car payments for Vehicle 2  17b. Car payments for Vehicle 2  17c. Other. Specify: Tool payments  17d. Other. Specify: Tool payments  17d. Other. Specify: 17d. Other. Specify: 17d. Sol. 17d. Other. Specify: 17d. Sol. 17d. Other. Specify: 17d. Sol. 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. 19. Other payments you make to support others who do not live with you. Specify: voluntary support 19. \$400. 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a \$0. 20b. Real estate taxes. 20b \$0. 20c. Property, homeowner's, or renter's insurance 20c. \$0. 20d. Maintenance, repair, and upkeep expenses. 20d \$0. 30. 30. 30. 30. 30. 30. 30. 30. 30. 3	Specify:		16	\$0.00
17b. Car payments for Vehicle 2  17c. Other. Specify: Tool payments  17d. S300.  17d. Other. Specify: 17d. \$300.  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  18. 19. Other payments you make to support others who do not live with you.  Specify: voluntary support  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20b. Real estate taxes.  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses.	17. Installment or lease payme	nts:		
17c. Other. Specify: Tool payments  17c. Other. Specify: Tool payments  17d. \$300.1  17d. Other. Specify: 17d. \$0.1  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18.  19. Other payments you make to support others who do not live with you.  Specify: voluntary support 19. \$400.1  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property 20a \$0.1  20b. Real estate taxes. 20b \$0.1  20c. Property, homeowner's, or renter's insurance 20c \$0.1  20d. Maintenance, repair, and upkeep expenses. 20d \$0.1	17a. Car payments for Vehicle	1	17a	\$483.99
17d. Other. Specify:  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  19. Other payments you make to support others who do not live with you.  Specify: voluntary support  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a \$0.000.  20b. Real estate taxes.  20c \$0.000.  20c. Property, homeowner's, or renter's insurance  20d \$0.000.  20d. Maintenance, repair, and upkeep expenses.	17b. Car payments for Vehicle	2	17b	\$0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  19. Other payments you make to support others who do not live with you.  Specify: voluntary support  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a \$0.000.  20b. Real estate taxes.  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses.  20d. \$0.000.	17c. Other. Specify: Tool page	yments	17c	\$300.00
your pay on line 5, Schedule I, Your Income (Official Form 106I).  19. Other payments you make to support others who do not live with you.  Specify: voluntary support  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a \$0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	17d. Other. Specify:		17d	\$0.00
19. Other payments you make to support others who do not live with you.  Specify: voluntary support  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20b. Real estate taxes.  20c. Property, homeowner's, or renter's insurance  20c. \$0.00.  20d. Maintenance, repair, and upkeep expenses.		· · · · · · · · · · · · · · · · · · ·		\$0.00
Specify: voluntary support  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20b. Real estate taxes.  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses.		,	18.	
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property 20b. Real estate taxes. 20c. Property, homeowner's, or renter's insurance 20c. So. 20d. Maintenance, repair, and upkeep expenses. 20d. So.		o support others who do not live with you.	19.	\$400.00
20b. Real estate taxes.  20b. So. 20c. Property, homeowner's, or renter's insurance 20c. So. 20d. Maintenance, repair, and upkeep expenses. 20d. So.	20.Other real property expense	es not included in lines 4 or 5 of this form or on Schedule I: Your Incor		
20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.	20a. Mortgages on other prop	perty	20a	\$0.00
20d. Maintenance, repair, and upkeep expenses.	20b. Real estate taxes.		20b	\$0.00
	20c. Property, homeowner's,	or renter's insurance	20c	\$0.00
20e Homeowner's association or condominium dues	20d. Maintenance, repair, and	upkeep expenses.	20d	\$0.00
206 40.	20e. Homeowner's associatio	n or condominium dues	20e	\$0.00

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Debtor 1 H			Saenz	Case number (if known)		
Fi	rst Name	Middle Name	Last Name			_
21. <b>Other.</b>	Specify:				21	\$0.00
22. Calcul	ate your monthly exp	penses.				\$2,016.99
22a. Ad	d lines 4 through 21.					\$0.00
22b. Co	py line 22 (monthly ex		\$2,016.99			
22c. Ad	d line 22a and 22b. Th	22.				
23.Calcula	te your monthly net	income.				
23a. Co	py line 12 (your comb	nined monthly income) from	Schedule I.		23a	\$2,017.25
23b. Co	py your monthly expe	enses from line 22 above.			23b	\$2,016.99
		penses from your monthly in	ncome.			\$0.26
l In	e result is your month	ily net income.			23c	
24. <b>Do you</b>	expect an increase	or decrease in your expen	ses within the year after	you file this form?		
For exa	ample, do you expect	to finish paying for your car l	oan within the year or do ye	ou expect your		
mortga	age payment to increas	se or decrease because of a r	nodification to the terms of	your mortgage?		
☐ No						
✓ Yes	5					
	Explain here:					
	Debtor lives w	ith family who cover some ex	rpenses.			

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Debtor 1	Hedilberto	Saenz	
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States E	Bankruptcy Court for the:	Northern	District of Illinois (State)
Case number			. ,
(If known)			

Check if this is an amended filing

### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Par	11: Sign Below							
	Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?							
	<b>✓</b> No							
	Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).						
	Under penalty of perjury, I declare that I have read the summary a	and schedules filed with this declaration and						
	that they are true and correct.							
×	/s/ Hedilberto Saenz	×						
	Signature of Debtor 1	Signature of Debtor 2						
	Date 6/25/2018	Date						
	MM/DD/YYYY	MM/DD/YYYY						

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Fill i	n this i	inform	ation to identify your o	ase:						
Deb	tor 1		Hedilberto			Saenz				
		•	First Name	Middle	Name	Last Name				
	tor 2 use, if fili	ing)	First Name	Middle	Name	Last Name				
Unit	ed Sta	tes Baı	nkruptcy Court for the:	Northern	Dist	rict of Illinois				
Cas (If knd	e num	ber				(State)				
			. 407							Check if this is a
<u>Ut</u>	TICI	aı F	form 107							amended filing
Sta	aten	nen	t of Financia	l Affairs f	or Indivi	duals Fi	ling for E	3ankru	ptcy	04/1
info	rmatio	on. If i	and accurate as po more space is neede vn). Answer every q	ed, attach a sep						
Par	t 1: (	Give [	Details About Your	Marital Status	and Where Y	ou Lived Be	fore			
1.	Wha	atisyo	our current marital st	atus?						
	П	Marri	ed							
	<b>✓</b>		narried							
2.	Duri	ing the	e last 3 years, have yo	ou lived anywher	e other than wh	nere you live n	ow?			
	<b>~</b>	No								
		Yes. I	ist all of the places yo	ou lived in the las	t 3 years. Do no	ot include whe	re you live nov	<i>/</i> .		
		Debto	or 1:		Dates Debto	r 1 lived	Debtor 2:			Dates Debtor 2 lived
					there					there
						ĺ	Same as De	ebtor 1		Same as Debtor 1
		Numb	per Street		From		Number Street			From
					То					То
		City	State	Zip Code		;	City	State	Zip Code	
		Oity	Otato	Zip Codo			Same as De		Zip Godo	Same as Debtor 1
							_			_
		Numb	er Street		From		Number Street			From
					То					То
		City	State	Zip Code		;	City	State	Zip Code	
3.	Within	n the I	ast 8 years, did you e	ver live with a sp	ouse or legal e	quivalent in a	community p	operty state	or territory? (Cor	nmunity property states
			s include Arizona, Califo							<i>3, 1, 3</i>
	<u> </u>	10								
	☐ Y	es. M	ake sure you fill out S	chedule H: Your	Codebtors (Off	icial Form 106	H).			

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Debtor 1 Hedilberto Saenz Case number (if known) First Name Middle Name Last Name Part 2: Explain the Sources of Your Income Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply. (before deductions and (before deductions and Check all that apply. exclusions) exclusions) Wages,  $\overline{\mathbf{A}}$ Wages, \$16762.67 From January 1 of current year until commissions, commissions, the date you filed for bankruptcy: bonuses, tips bonuses, tips Operating a Operating a business business Wages, Wages, \$30000.00 For last calendar year: commissions, commissions, (January 1 to December 31, 2017 bonuses, tips bonuses, tips YYYY Operating a Operating a business business Wages, Wages, \$28000.00 For the calendar year before that: commissions, commissions, (January 1 to December 31, 2016 ) bonuses, tips bonuses, tips YYYY Operating a Operating a business business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income Sources of income Gross income from Gross income from Describe below. each source Describe below. each source (before deductions (before deductions and and exclusions) exclusions) From January 1 of current year until the date you filed for bankruptcy: For last calendar year: (January 1 to December 31, 2017 YYYY For the calendar year before that: (January 1 to December 31, 2016

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Saenz Debtor 1 Hedilberto Case number (if known) First Name Middle Name Last Name List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Amount you still owe Was this payment Dates of payment Total amount paid for Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Number Street Credit card Loan repayment Citv Suppliers or State 7in Code vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Suppliers or Zip Code vendors

Other

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	Hedilberto				enz	Case number	II KIIOWII)
	First Name		Middle Name	Last	Name		
ic p	ders include you orations of whic	r relatives; a ch you are a e for a busin	any general partners an officer, director, p ness you operate as	; relatives of any operson in control,	general partners; part or owner of 20% or	nerships of which y more of their voting	who was an insider? ou are a general partner; securities; and any managing domestic support obligations,
7	No Yes. List all pa	vments to :	an insider				
_	ros. List all pa	ymono to t	arringider.	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
	Insider's Name						
	Number Street						
	City	State	Zip Code				
	Insider's Name						
	Number Street						
	City	State	Zip Code				
	nin 1 year befor der?	e you filed	for bankruptcy, d	id you make any	payments or trans	fer any property o	n account of a debt that benefited an
	ude payments or No	ı debts gua	aranteed or cosigne	d by an insider.			
	Yes. List all pay	yments tha	at benefited an insi	der.			
	Yes. List all pay	yments tha	it benefited an insi	der. Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
	Yes. List all pay	yments tha	it benefited an insi	Dates of		-	Reason for this payment  Include creditor's name
	Yes. List all pay	yments tha	it benefited an insi	Dates of		-	
		yments tha	it benefited an insi	Dates of		-	
	Insider's Name Number Street			Dates of		-	
	Insider's Name	yments tha	at benefited an insi	Dates of		-	
_	Insider's Name Number Street			Dates of		-	
_	Insider's Name Number Street City			Dates of		-	
_	Insider's Name Number Street City Insider's Name			Dates of		-	

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Debtor 1 Hedilberto Saenz Case number (if known) First Name Middle Name Last Name Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes. Fill in the details. Nature of the case Status of the case Court or agency Case title Contract Pending Circuit Court of Cook County, Illinois Troy Capital v. Saens Court Name On appeal 5600 Old Orchard Road Case number NumberStreet Concluded 2017-M1-129540 60077 Skokie Illinois City State Zip Code Case title Pending Court Name On appeal Case number NumberStreet Concluded Citv State Zip Code Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Describe the property Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied. Describe the property Date Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied.

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Debt	tor 1 Hedilberto	Saenz	Case number (if known)	
	First Name Middle Name	Last Name		
11.	accounts or refuse to make a payment because y		eank or financial institution, set off any amo	unts from your
	✓ No			
	Yes. Fill in the details.			
		Describe the action th	e creditor took  Date action was taken	Amount
	Creditor's Name	-		
	Number Street	-		
		Last 4 digits of account	number: XXXX-	
	City State Zip Code	-		
12.	Within 1 year before you filed for bankruptcy, was appointed receiver, a custodian, or another officia		possession of an assignee for the benefit of	creditors, a court-
	<b>✓</b> No			
	Yes			
Part	5: List Certain Gifts and Contributions			
13.	Within 2 years before you filed for bankruptcy, did	d you give any gifts with a t	otal value of more than \$600 per person?	
	✓ No  Yes. Fill in the details for each gift.			
	Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
	Person to Whom You Gave the Gift	-		
		-		
	Number Street	-		
	City State Zip Code	-		
	Person's relationship to you			
	Person to Whom You Gave the Gift	-		
	Number Street	-		
	City State Zip Code	-		

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Debtoi i	Hedilberto	Saenz Case number (if kno	own)	
	First Name Middle Name	Last Name	· -	
14. Wi	thin 2 years before you filed for bankruptcy, d	id you give any gifts or contributions with a total value	of more than \$600	to any charity?
_		, , , ,		•
✓	No			
	Yes. Fill in the details for each gift or contribu	ution.		
	•			
	Gifts or contributions to charities	Describe what you contributed	Date you	Value
	that total more than \$600		contributed	
	-	_		
	Charity's Name			
		_		
	Number Street	_		
	Number Street			
	0::	_		
	City State Zip Code			
art 6:	List Certain Losses			
<b>✓</b>	No Yes. Fill in the details.			
	Describe the property you lost and	Describe any insurance coverage for the loss	Date of your	Value of property
	how the loss occurred	Include the amount that insurance has paid. List	loss	lost
		pending insurance claims on line 33 of Schedule		
		A/B: Property.		
	List Certain Payments or Transfers			
	nade any antenneys, sammaprey pointen proparers,	or credit counseling agencies for services required in your	bankruptcy.	
	No	or credit counseling agencies for services required in your	bankruptcy.	
<b>✓</b>	• • •	or credit counseling agencies for services required in your	bankruptcy.	
<b>✓</b>	No	or credit counseling agencies for services required in your Description and value of any property	Date payment	Amount of
<b>✓</b>	No			Amount of payment
<u> </u>	No	Description and value of any property	Date payment	
\ <u>\</u>	No Yes. Fill in the details.	Description and value of any property transferred	Date payment or transfer was made	payment
<u> </u>	No Yes. Fill in the details.  Semrad Law Firm	Description and value of any property	Date payment or transfer	
<u> </u>	No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid	Description and value of any property transferred	Date payment or transfer was made	payment
\_ \Z	No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 10 N. Martingale Road	Description and value of any property transferred	Date payment or transfer was made	payment
	No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid	Description and value of any property transferred	Date payment or transfer was made	payment
<u> </u>	No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 10 N. Martingale Road Number Street	Description and value of any property transferred	Date payment or transfer was made	payment
<u> </u>	No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 10 N. Martingale Road Number Street Suite 400	Description and value of any property transferred	Date payment or transfer was made	payment
<u> </u>	No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 10 N. Martingale Road Number Street Suite 400 Schaumburg Illinois 60173	Description and value of any property transferred	Date payment or transfer was made	payment
<u> </u>	No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 10 N. Martingale Road Number Street Suite 400	Description and value of any property transferred	Date payment or transfer was made	payment
<u> </u>	Semrad Law Firm Person Who Was Paid 10 N. Martingale Road Number Street Suite 400 Schaumburg Illinois 60173 City State Zip Code	Description and value of any property transferred	Date payment or transfer was made	payment
<u> </u>	No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 10 N. Martingale Road Number Street Suite 400 Schaumburg Illinois 60173	Description and value of any property transferred	Date payment or transfer was made	payment
	No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 10 N. Martingale Road Number Street Suite 400 Schaumburg Illinois 60173 City State Zip Code  Email or website address None	Description and value of any property transferred	Date payment or transfer was made	payment
	Semrad Law Firm Person Who Was Paid 10 N. Martingale Road Number Street Suite 400 Schaumburg Illinois 60173 City State Zip Code Email or website address	Description and value of any property transferred	Date payment or transfer was made	payment
	No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 10 N. Martingale Road Number Street Suite 400 Schaumburg Illinois 60173 City State Zip Code  Email or website address None	Description and value of any property transferred	Date payment or transfer was made	payment
<b>□</b>	Semrad Law Firm Person Who Was Paid 10 N. Martingale Road Number Street Suite 400 Schaumburg Illinois 60173 City State Zip Code Email or website address None Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	payment
<b>□</b> ✓	No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 10 N. Martingale Road Number Street Suite 400 Schaumburg Illinois 60173 City State Zip Code  Email or website address None	Description and value of any property transferred	Date payment or transfer was made	payment
<b>□</b> ✓	Semrad Law Firm Person Who Was Paid 10 N. Martingale Road Number Street Suite 400 Schaumburg Illinois 60173 City State Zip Code Email or website address None Person Who Made the Payment, if Not You  Person Who Was Paid	Description and value of any property transferred	Date payment or transfer was made	payment
	Semrad Law Firm Person Who Was Paid 10 N. Martingale Road Number Street Suite 400 Schaumburg Illinois 60173 City State Zip Code Email or website address None Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	payment
	Semrad Law Firm Person Who Was Paid 10 N. Martingale Road Number Street Suite 400 Schaumburg Illinois 60173 City State Zip Code Email or website address None Person Who Made the Payment, if Not You  Person Who Was Paid	Description and value of any property transferred	Date payment or transfer was made	payment
	Semrad Law Firm Person Who Was Paid 10 N. Martingale Road Number Street Suite 400 Schaumburg Illinois 60173 City State Zip Code Email or website address None Person Who Made the Payment, if Not You  Person Who Was Paid	Description and value of any property transferred	Date payment or transfer was made	payment
	No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 10 N. Martingale Road Number Street Suite 400 Schaumburg Illinois 60173 City State Zip Code Email or website address None Person Who Made the Payment, if Not You  Person Who Was Paid Number Street	Description and value of any property transferred	Date payment or transfer was made	payment
	Semrad Law Firm Person Who Was Paid 10 N. Martingale Road Number Street Suite 400 Schaumburg Illinois 60173 City State Zip Code Email or website address None Person Who Made the Payment, if Not You  Person Who Was Paid	Description and value of any property transferred	Date payment or transfer was made	payment
	No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 10 N. Martingale Road Number Street Suite 400 Schaumburg Illinois 60173 City State Zip Code  Email or website address None Person Who Made the Payment, if Not You  Person Who Was Paid  Number Street  City State Zip Code	Description and value of any property transferred	Date payment or transfer was made	payment
	No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 10 N. Martingale Road Number Street Suite 400 Schaumburg Illinois 60173 City State Zip Code Email or website address None Person Who Made the Payment, if Not You  Person Who Was Paid Number Street	Description and value of any property transferred	Date payment or transfer was made	payment
	No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 10 N. Martingale Road Number Street Suite 400 Schaumburg Illinois 60173 City State Zip Code  Email or website address None Person Who Made the Payment, if Not You  Person Who Was Paid  Number Street  City State Zip Code	Description and value of any property transferred	Date payment or transfer was made	payment

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ebtor 1	Hedilberto		Saenz	Case number (if known	7)	
	First Name	Middle Name	Last Name			
he	thin 1 year before you filed file you deal with your creditor not include any payment or to	ors or to make payn		r behalf pay or transfe	r any property to anyo	one who promised to
	1 No					
	No					
	Yes. Fill in the details.					
			Description and value of any transferred	property	Date A payment or transfer was made	mount of payment
	Person Who Was Paid		-			
	Number Street		-			
			-			
	City State	Zip Code	-			
Inc	d transfers that you have alread	nd transfers made as	security (such as the granting of a s	ecurity interest or mortg	age on your property).	Do not include gifts
	Yes. Fill in the details.					
			Description and value of pro transferred		ny property or eceived or debts paid e	Date transfer was made
	Person Who Received Trans	sfer	-			
	Number Street		-			
	City State Person's relationship to you	Zip Code	-			
	Person Who Received Trans	sfer	-			
	Number Street		-			
	011	7'- 0- 1-	- -			
	City State Person's relationship to you	Zip Code				
be	thin 10 years before you file neficiary? nese are often called asset-prot		d you transfer any property to a s	self-settled trust or sin	nilar device of which	you are a
<b>✓</b>	No	·				
	Yes. Fill in the details.					
			Description and value of th	e property transferred		Date transfer was made
	Name of trust					

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Saenz Debtor 1 Hedilberto Case number (if known) First Name Middle Name List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date Last balance number instrument account was before closed, sold, closing or moved, or transfer transferred XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City Zip Code State XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other Zip Code 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No Name of Financial Institution Name Yes Number Street Number Street City State Zip Code State Zip Code 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Who else had access to it? Describe the contents have it? Public storage Household goods No Name of Storage Facility Name 927 W. Van Buren St Yes Number Street Number Street Citv State 7in Code 60607

Chicago

City

Illinois

State

Zip Code

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Saenz Debtor 1 Hedilberto Case number (if known) First Name Middle Name **Identify Property You Hold or Control for Someone Else** Part 9: 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. **✓** No Yes. Fill in the details. Where is the property? Describe the contents Value Owner's Name **NumberStreet** Number Street City State Zip Code City State Zip Code **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: ■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Governmental unit Date of Environmental law, if you know it notice Name of site Governmental unit Number Street **NumberStreet** City State Zip Code Zip Code State 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street **NumberStreet** City State Zip Code City State Zip Code

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Deb	tor 1	Hedilberto			Saenz	Cas	se number <i>(if</i>	known)		
		First Name	N	fiddle Name	Last Name					
26.	Hav	e you been a party	y in any judicia	al or administra	ative proceeding unde	er any environmer	ntal law? In	clude settlem	nents and orde	rs.
	<b>✓</b>	No								
		Yes. Fill in the det	ails.							
					Court or agency		Nature o	of the case		Status of the case
		Case title								Pending
					Court Name					
		Case number			NumberStreet					On appeal
		Case number								Concluded
					City State	Zip Code				_
Pari	11:	Give Details Ab	oout Your Bu	ısiness or Co	nnections to Any B	Business				
27.	Witl	nin 4 years before	you filed for b	ankruptcy, did	you own a business of	or have any of the	following c	onnections to	any business	?
		A sole propri	etor or self-em	nployed in a tra	ide, profession, or oth	er activity, either f	full-time or p	art-time		
		A member of	a limited liabil	ity company (L	LC) or limited liability p	partnership (LLP)				
		A partner in a	a partnership							
				aging executiv	e of a corporation					
		_			quity securities of a co	orporation				
	_			_						
	⊻	No. None of the a								
		Yes. Check all tha	at apply above	e and fill in the	details below for each	i business.				
					Describe the na	ture of the busine	ess		dentification no cial Security no	
									nai occurry in	amber of friit.
		Business Name			_			EIN:		
		N			_			Datas busin		
		Number Street			Name of accour	ntant or bookkeep	ner	Dates busin	ness existed	
		City	State	Zip Code	_			From	To	
		,		·				110111		
					Describe the na	ture of the busine	ess		dentification no cial Security no	
									nai occurry in	
		Business Name			_			EIN:		
		Number Oliver			_			Datas bus!	ness existed	
		Number Street			Name of accour	ntant or bookkeep	per	Dates busii	iess existeu	
		City	State	Zip Code	_			From	To	
		•		·						
					Describe the na	ture of the busine	ess		dentification no cial Security no	
									nai Security iii	uniber or ITIN.
		Business Name			_			EIN:		
					_				, .	
		Number Street			Name of access	stant or bookles-	nor .	Dates busir	ness existed	
		City	State	Zip Code	- Name of accour	ntant or bookkeep	Jer	F	<b>T</b> .	
		Oity	Jiaie	Zip Coue				rom	To	

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Deb	otor 1 Hedilberto			Saenz	Case number (if known)
	First Name		Middle Name	Last Name	
28.	creditors, or o	other parties.		ou give a financial statem	ent to anyone about your business? Include all financial institutions,
	Yes. Fill in	n the details below	•		
				Date issued	
	Name			MM/DD/YYYY	
	Name			WIW, 55, 1111	
	Number	Street		<del>-</del>	
	City	State	Zip Code	_	
Par	t 12: Sign Be	low			
	true and correc	et. I understand th ase can result in f	at making a false sta ines up to \$250,000,	tement, concealing prope	ents, and I declare under penalty of perjury that the answers are rty, or obtaining money or property by fraud in connection with 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.
		Signature of Debt			Signature of Debtor 2
					Date
		Date 6/25/2018			
	Did you attach	additional pages t	o Your Statement of	Financial Affairs for Indiv	duals Filing for Bankruptcy (Official Form 107)?
	<b>✓</b> No				
	Yes				
	Did you pay or	agree to pay some	one who is not an at	torney to help you fill out	bankruptcy forms?
	<b>√</b> No				
	Yes. Name	of person			Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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Fill in this infor	mation to identify your c	ase:	
Debtor 1	Hedilberto		Saenz
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States E	Bankruptcy Court for the:	Northern	District of Illinois (State)
Case number (If known)			(State)

Check if this is an amended filing

## Official Form 108

## Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

### Part 1: List Your Creditors Who Have Secured Claims

1.	For any creditors that you listed in Part 1 of Schedule D: Creditors information below.	Who Have Claims Secured by Property (Official Fort	m 106D), fill in the
	Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
	Creditor's name: CAPITAL ONE AUTO FINAN  Description of property securing debt: 2016 Chevy Impala   Value: \$18,000.00	Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and	☐ No. ✓ Yes.
	Creditor's name: Matco Tools  Description of property securing debt: Automotive Toolbox with tools   Value: \$2,000.00	Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]:	No. ✓ Yes.
	Creditor's name:  Description of property securing debt:	Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and	No. Yes.
	Creditor's name:  Description of property securing debt:	Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and	No. Yes.

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otor	Hedilberto		Saenz	Case number (if
	First Name	Middle Name	Last Name	known)
2	List Your Unexpire	ed Personal Property Leas	ses	
na	tion below. Do not list		d leases are leases that a	Contracts and Unexpired Leases (Official Form 106G), fill in the are still in effect; the lease period has not yet ended. You may U.S.C. § 365(p)(2).
es	scribe your unexpired	personal property leases		Will the lease be assumed?
_es	sor's name: Public Sto	orage		No Yes
	cription of leased perty: Storage Lease (r	mother makes payments)		
_es	sor's name:			□ No □ Yes
	cription of leased perty:			
Les	sor's name:			□ No □ Yes
	cription of leased perty:			ш
Les	sor's name:			□ No □ Yes
	cription of leased perty:			_
Les	sor's name:			□ No □ Yes
	cription of leased perty:			_
_es	sor's name:			□ No □ Yes
	cription of leased perty:			_
Les	sor's name:			No Yes
	cription of leased perty:			_
3:	Sign Below			
	er penalty of perjury, l erty that is subject to		my intention about any	property of my estate that secures a debt and any personal
_	/s/ Hedilberto Saenz		<b>x</b>	
Si	gnature of Debtor 1		Sig	nature of Debtor 2
Da	ate 6/25/2018		Dat	e

MM/DD/YYYY

MM/DD/YYYY

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B2030 (Form 2030) (12/15)

## **UNITED STATES BANKRUPTCY COURT**

		Northern Distri	ct of Illinois	
n re	Hedilberto Saenz		Case No.	
_	Debtor			(If known)
			Chapter	Chapter 7
	DISCLOSURE OF	COMPENSATIO	N OF ATTORNEY F	OR DEBTOR
1	. Pursuant to 11 U.S.C. § 329(a) and compensation paid to me within one rendered or to be rendered on behalf	e year before the filing of the	petition in bankruptcy, or agreed to	be paid to me, for services
	For legal services, I have agreed to a	ccept		\$1,400.00
	Prior to the filing of this statement I	have received		\$0.00
	Balance Due			\$1,400.00
2	. The source of the compensation pai	d to me was:		
	<b>✓</b> Debtor	Other (specify)		
3	3. The source of the compensation pai	d to me is:		
	<b>✓</b> Debtor	Other (specify)		
4	I have not agreed to share the a members and associates of my		n with any other person unless they	y are
		w firm. A copy of the agreeme	ith a other person or persons who a ent, together with a list of the name	
5	i. In return for the above-disclosed fee	e, I have agreed to render lega	al service for all aspects of the bank	ruptcy case, including:
	<ul> <li>a. Analysis of the debtor's fina bankruptcy;</li> </ul>	ncial situation, and rendering	advice to the debtor in determining	g whether to file a petition in
	b. Preparation and filing of any	petition, schedules, stateme	nts of affairs and plan which may b	e required;
	c. Representation of the debto	r at the meeting of creditors a	and confirmation hearing, and any a	adjourned hearings thereof;
6	i. By agreement with the debtor(s), the	above-disclosed fee does no	ot include the following services:	
		CERTIFIC	ATION	
	I certify that the foregoing is a completor(s) in this bankruptcy proceedings.		nt or arrangement for payment to m	ne for representation of the
	6/25/2018		/s/ Yisroel Y Moskovits	
	Date		Signature of Attorney	
			Semrad Law Firm	
			Name of law firm	

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

### **Chapter 7: Liquidation**

	\$245	filing fee
	\$75	administrative fee
+	\$15	trustee surcharge
	\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### Chapter 11: Reorganization

	\$1,167	filing fee
+	\$550	administrative fee
	\$1.717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans.
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

## Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

## Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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## **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

In re:	Saenz, Hedilberto	Case No	
	Debtor(s)	Oase No.	
		Chapter.	Chapter7
	VERIFICA	ATION OF CREDITOR MATRI	X
Tr knowledge	he above named Debtors hereby verify t e.	hat the attached list of creditors is true	and correct to the best of their
Date:	6/25/2018	/s/ Saenz, Hedilberto Saenz, Hedilberto Signature of Debtor	·

CAPITAL ONE AUTO FINAN 3901 DALLAS PKWY PLANO, TX, 75093

DEPT OF EDUCATION/NELN 121 S 13TH ST LINCOLN, NE, 68508

ENHANCED RECOVERY CO L 8014 BAYBERRY RD JACKSONVILLE, FL, 32256

STANISCCONTR 914 14TH ST POB 480 MODESTO, CA, 95353

1STPROGRESS/1STEQUITY/ PO BOX 84010 COLUMBUS, GA, 31908

HEALTHCARE ASSOC CR UN 1151 E WARRENVILLE RD NAPERVILLE, IL, 60563

AFFILIATED P.O. BOX 419331 KANSAS CITY, MO, 64141

TURNER ACCEPTANCE CRP 5900 W HOWARD ST SKOKIE, IL, 60077

AMERICAN HONDA FINANCE 10801 WALKER ST STE 140 CYPRESS, CA, 90630

SIERRA AUTO FINANCE LL PO Box 803067 Dallas, TX, 75380

CHRYSLERCAP PO BOX 961275 FORT WORTH, TX, 76161 VSAC FED LN PO BOX 777 WINOOSKI, VT, 05404

Matco Tools 4403 Allen Rd Stow, OH, 44224

Geico 5260 Western Avenue Chevy Chase, MD, 20815

TROY CAPITAL LLC 2660 S. Rainbow Blvd. Suite D-104 Las Vegas, NV, 89146

Markoff Law LLC 29 N Wacker Dr #550 Chicago, IL, 60606

Illinois Tollway PO Box 5544 Chicago, IL, 60680

## CONTRACT FOR LEGAL SERVICES FOR REPRESENTATION IN A CHAPTER 7 BANKRUPTCY CASE

I do hereby retain the law firm of The Semrad Law Firm, LLC to represent my legal interests solely in a Bankruptcy case filed under Chapter 7 of the United States Bankruptcy Code. I further understand that this representation DOES NOT INCLUDE defending my interests in any adversary proceeding filed against me nor does this representation cover state court proceedings or criminal litigation.

I understand that The Semrad Law Firm, LLC is not going to charge me for time spent prior to the filing of my Chapter 7 case preparing and filing my petition. I also un derstand that The Semrad Law Firm, LLC may incur costs for such it ems as credit reports and tax transcripts for which it will not seek reimbursement.

After the bankruptcy case is filed, I understand that I will be presented with a second retainer agreement to pay The Semrad Law Firm, LLC \$ 1400.00 attorney fees plus any necessary post-petition costs to represent my interests including preparation and amendment, if necessary, of schedules; preparation and attendance of the Section 341 Meeting of Creditors; review and attendance, if necessary, to motions for stay relief; review of any redemption agreements; review of any reaffirmation agreements; case administration and monitoring, motions to reopen, if necessary, as well as a post discharge review of my credit report to ensure accurate reporting. I further understand and agree that additional professional legal services will result in additional fees that are due The Semrad Law Firm, LLC. Some of the additional services and fees are as follows:

Representation in an Adversary Proceeding. \$350.00/hr.
Adding additional bills \$31.00
Motion to Reopen and Avoid Lien \$1000.00

I have been presented to two options regarding the filing fees of \$335.00 payable to the Bankruptcy Court. I have elected to either,

- 1. Pay the costs directly to the bankruptcy court either all at once, or apply to pay these costs in installments; or
- 1. Request that the firm pay these costs on my behalf after filing for which it will seek reimbursement from me.

I understand that once my bankruptcy is filed, I will not be legally obligated to pay any fees to The Semrad Law Firm, LLC. If any fees are owed to The Semrad Law Firm, LLC and not paid as of the filing of the bankruptcy, they will be discharged in the bankruptcy and may not be collected by The Semrad Law Firm, LLC or it assignees. After my bankruptcy is filed, I may sign a second retainer agreement promising to pay fees for the remainder of my representation in consideration of services to be performed by The Semrad Law Firm, LLC after the filing of my bankruptcy. I understand that I will be under no obligation to do so and can refuse to sign such an agreement. However, The Semrad Law Firm, LLC reserves the right to withdraw from my representation in the event that I do not sign a second retainer within 10 days after the filing of my case. I have been advised that I have a right to consult other counsel before I sign

Debtor Initials 4.5.

295519 - 18

the second retainer. Further, if I do not wish for The Semrad La w Firm, LLC to represent me, I always have the right to seek any other legal counsel.

I further understand that the fee of to be paid pursuant to the terms of this Contract is a flat fee, and that this fee shall immediately become the property of The Semrad Law Firm, LLC, in exchange for a commitment by The Semrad Law Firm, LLC, to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC, and will be used for general expenses of the firm.

As The Semrad Law Firm, LLC has duties to me as its client, I likewise have responsibilities. I agree to fully cooperate with The Semrad Law Firm, LLC This includes, but is not limited to, providing The Semrad Law Firm, LLC with all information necessary and related to my bankruptcy case. In addition, I must attend all scheduled Court hearings and meetings.

Lunderstand that Lam to notify my creditors of my bankruptcy case once my Chapter 7 case is filed. Lunderstand that The Semrad Law Firm, LLC is not liable or responsible for any illegal collection actions taken by my creditors once my case is filed.

I also understand that, if I am filing a joint case, the use of the personal pronouns "I", "me" or "my" are binding upon each signatory individually. I also understand that the laws of the State of Illinois are applicable to enforcement of this contract. Moreover, any change in this Contract is null and void unless it is in writing and signed by The Semrad Law Firm, LLC or an agent thereof.

Date: June 25, 2018

Client / Hedilberto Sænz Jr.

Attorney \_\_

Yisroel Y. Moskovits

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Data da Hadilbarta		Saenz	Case number (if known)	
Debtor 1 Hedilberto First Name	Middle Name	Last Name	<del></del>	
Part 6: Answer These Que	estions for Reporting Purpos	es		
16. What kind of debts do you have?	"incurred by an individu No. Go to line 16b. Yes. Go to line 17.	ial primarily for a pers ily business debts? i r investment or throu	sonal, family, or nousen Business debts are debt Igh the operation of the	s that you incurred to obtain business or investment.
17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	<ul><li>No. I am not filing under Control</li><li>✓ Yes. I am filing under Chap expenses are paid that</li><li>✓ No.</li><li>✓ Yes.</li></ul>	ter 7. Do vou estimate t	hat after any exempt prope to distribute to unsecure	ang a sa s
18. How many creditors do you estimate that you owe?	✓ 1-49 ☐ 50-99 ☐ 100-199 ☐ 200-999	1,000-5 5,001-1 10,001-	0,000	25,001-50,000 50,001-100,000 More than 100,000
19. How much do you estimate your assets to be worth?	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million	\$10,000 \$50,000	001-\$10 million ,001-\$50 million ,001-\$100 million 0,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
20. How much do you estimate your liabilities to be?	\$0-\$50,000 \$50,001-\$100,000 \$100.001-\$500,000 \$500,001-\$1 million	\$10,000 \$50,000	001-\$10 million ,001-\$50 million ,001-\$100 million 0,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
Part 7: Sign Below			11 - 1 - 1	he information provided is true and
For you	correct.  If I have chosen to file under of title 11, United States Coounder Chapter 7.  If no attorney represents me out this document, I have ob I request relief in accordance I understand making a false sconnection with a bankrupto both. 18 U.S.C. §§ 152, 134  **  /s/ Hedilberto Saenz Signature of Debtor 1  Executed on 6/25/20	Chapter 7, I am awar de. I understand the r and I did not pay or a tained and read the n with the chapter of t statement, concealing y case can result in fi 1, 1519, and 3571.	e that I may proceed, if e elief available under each gree to pay someone w otice required by 11 U.S itle 11, United States Co	money or property by fraud in imprisonment for up to 20 years, or Debter 2

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Fill in this info	mation to identify your c	ase:		
Debtor 1	Hedilberto		Saenz	
Deptor	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States I	Bankruptcy Court for the:	Northern	District of Illinois	
			(State)	
Case number				
				Check if this is an amended filing
Off. Chall	1-01.1 1001.8	Ū.		
D l	ion About on	_ Individual Debi	or's Schedule	S 12/15
	The second secon			
If two married	people are filing togeth	er, both are equally respo	nsible for supplying corre	ct information.
				Making a false statement, concealing property, or obtaining
You must file t	his form whenever you t	le pankrupicy schedules	se can result in fines up to	o \$250,000, or imprisonment for up to 20 years, or both. 18
money or prop	1341, 1519, and 3571.	on with a bankruptcy cas	e can recall in investiga	
U.S.C. 99 152,	1341, 1313, and 0311.			
	Dalam			
Partition Sign	n Below			3-24-5-1014-2
Did you p	eay or agree to pay some	one who is NOT an attorr	ey to help you fill out bar	nkruptcy forms?
.Vo				
<u> </u>	N		Attach Pantruptov	Petiuon Preparer's Notice, Declaration, and
Y€s.	Name of person		Signature (Official	Form 119).
	a company and a second and	. H road the cur	mary and school is a Me	) witter is declaration and
	are true and correct.	fread the sun	initially und co.	
(llat tibes			4	
✓ /r/ Health	perto Saonz /////	the hul In	*	
Sapere	of Debior 1	-//	Signatu	re of Debtor 2
		•	Date	
Date 6/2	5/2018			ANA (DD) ANNO

MM/DD/YYYY

MM/DD/YYYY

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Debtor 1	hadiberto			Saenz	Case number (if known)
	First Name	Midd	lle Name	Last Name	y a constant with the second and the
8. Wit	thin 2 years before you ditors, or other partie	u filed for banks.	kruptcy, did yo	ou give a financial state	ement to anyone about your business? Include all financial institutions,
<b>✓</b>	No Yes, Fili in the details	below.			
				Date issued	
	Name			MM/DD/YYYY	<del></del>
				_	
	Number Street				
	27	State	Zip Code	-	
	-* J	Mate	2.5 0000		
ALC: NO.	Stan Deleva				
ريين	Sign Below	n this Stateme	ent of Financia	l Affairs and any attac	hments, and I declare under penalty of perjury that the answers are
l hav	e read the answers or and correct. I underst akruptcy case can res	and that mak sult in fines up			hments, and I declare under penalty of perjury that the answers are operty, or obtaining money or property by fraud in connection with to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.
l hav	e read the answers or and correct. I underst akruptcy case can res	and that mak sult in fines up suberto Saenz of Debtor 1			to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.
l hav	e read the answers or and correct. I underst akruptcy case can res	and that mak sult in fines up tiberto Saenz of Debtor 1	ting a false star to \$250,000, i	My L	to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Signature of Debtor 2  Date
I have true a ba	e read the answers or and correct. I underst akruptcy case can res	and that mak sult in fines up tiberto Saenz of Debtor 1	ting a false star to \$250,000, i	My L	to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Signature of Debtor 2
I have true a ba	e read the answers or and correct. I underst akruptcy case can res	and that mak sult in fines up tiberto Saenz of Debtor 1	ting a false star to \$250,000, i	My L	to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  Signature of Debtor 2  Date
I have true a ba	e read the answers or and correct. I underst aktruptcy case can result of the Signature Date 6/25	with that make sult in fines up the sult in fines u	buy a talse star to \$250,000, o	My L	Signature of Debtor 2 Date  Date  Date  Date  Dividuals Filing for Bankruptcy (Official Form 107)?
Did y	e read the answers or and correct. I underst aktruptcy case can result of the Signature Date 6/25	with that make sult in fines up the sult in fines u	buy a talse star to \$250,000, o	Einancial Affairs for Inc	Signature of Debtor 2 Date  Date  Date  Date  Dividuals Filing for Bankruptcy (Official Form 107)?

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Debter	Healiberto		Saenz	Case number (if
1	First Name	Middle Name	Last Name	known)
Part 2	List Your Unexpire	d Personal Property Lease	es	COO) Ellis the
For any	unexpired personal pr		Schedule G: Executory leases are leases that a	Contracts and Unexpired Leases (Official Form 106G), fill in the are still in effect; the lease period has not yet ended. You may U.S.C. § 365(p)(2).
Des	scribe your unexpired p	personal property leases		Will the lease be assumed?
Lt:3	so stame. Public Sto	rage	- voccesses - VIII. 100 - 100	No Yes
	cription of leased	nother makes poyments)		
	00.11.07	Proposition and Committee of the Committ	e anno suo suo suo suo suo suo suo suo suo su	No
Ŀŧ,	screnavo.	The second secon	\$2 + 00000 VA 4000 T3 1000 T	Yes
	orpiton of leastd perty:			
Les	sorie narne:	AND A STATE OF THE PROPERTY OF THE STATE OF		No Yes
	ordinal of exceding			
Les	sor's name:	and the first of the contract		No Yes
	cription of leased	ounds, a - right, a file substitution of the right of the	A COMMON CONTROL OF STATE OF S	
l ac	sor's name.	, a see a	A SAMPLE OF THE	No Yes
	oriplich of leased perry:			A MARIELLE SON, AND SON
Les	sor's name:	A W	· www.watartii 1985 A	No Yes
	cription of leased			
	sor siname:	g e e e e e e e e e e e e e e e e e e e	AMERICAN A AMERICAN A STATE OF A	No Yes
	cription of leased perty.		and the second s	UNINGSHOWN PROCESS TO SELECT CONTROL OF THE CONTROL OF T
	Sign Below	CODE : WIT - U. TOO. TOOL SERVICE ACCORDING TO		-
Unde prop	er penalty of perjury, I derty that is subject to	declare that I have indicated an unexpired lease.	ny intention about any p	property of my estate that secures a debt and any personal
<b>x</b> √(5	/s/ hedilberto Saenz /	Udilos My h	<b>★</b> Sign	nature of Debtor 2
Ç	atc 6,25/2018 MM/DD/YYY		Date	e MM/DD/YYYY

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## UNITED STATES BANKRUPTCY CCURT

Northern District of Illinois

In re.	Samz, Healinette	Case No	
	Debtor(s)		
		Chapter.	Chapter7
	VERIF	ICATION OF CREDITOR MAT	RIX
ffi Bbelw <b>on</b> r		ity that the attached list of dierktors is fit	Le and correct to the best of their
	6/25/2018	/s Saguz, Hedilb	ero lalla by n
oate:	6/23/2310	Saertz, Hedilberto	0.00

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Debtor 1 Fedilberto		Saenz	Case number	if known)	
First Name	V adle Narie	Last Name	Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
8.Unemployment compensation Do not enter the amount if you under the Social Security Act. Ir	contend that the amount re-	ceived was a benefit	\$ <u>0.00</u>		
For you		\$0.00			
For your spouse		\$0.00			
9.Pension or retirement income benefit under the Social Security	y Act.		\$0.00		
10.Income from all other source amount. Do not include any be payments received as a wictim contemational or domestic terrors page and not the total below.	nefits received under the Soc of a war crime, a crime agains	st humanity, or			
Total amounts from separate pa	ages, if any.		+\$0.00	+	=
11. Octobate your lots loan sa	t monthly income. Add line	s 2 through 10 for	\$2,893.11	+	\$2,893.11
each collumn: Their add the total fe	or Columa A to the total for 6	Column B.			Total current monthly income
2. Calculate your current mont 12a. Copy your total current mont 12b. The result is your annual if 3 Calculate the made a family Fill in the state in which you live	enthly income from line 11. er of months in a year). ncome for this part of the for income that applies to you	oilow these steps:	C	opy line 11 here → 12b.	\$2,893.11 <b>X 12</b> \$34,717.32
er undurchten, an	our housenold	· · · · · · · · · · · · · · · · · · ·			
Fill in the median family income household.			d in the congress	13.	<u>\$52,410.00</u>
To find a list of applicable medi- instructions for this form. This I 4. How do the lines compare?	en income amounts, go oni ist may also be available at tl	ne using the link specifie ne bankruptcy clerk's offi	ce.		
14a Py Line 12b is less than to do to Far 5.					
14b Go to Part 3 and fill o	n lins 13. On the top of page ut Form 122A-2.	e 1 check box 2, The pre	esumption ല് പടേലs det	ermined by Form 122A-2.	
arts 6 Sign Balcw					
By signing here, i declare uno	er penalty of penury that the	information on this state	ment and in any attachme	ents is true and correct.	
¥ Potes modecia /	Gudillas hy/n	<i>x</i>			
Signature of Debtor 7	11		Signature of Debtor 2		
) #6 8/25/2018 			Date 6/25/2018		
if you checked line 14a, do	NOT fill out or file Form 122	A-2.		A DOMESTIC OF THE STREET OF TH	